



## Photo release form General consent for use of portrait

The National Collaborating Centre for Indigenous Health (NCCIH) regularly produces a wide array of knowledge products for education and/or health promotion purposes. The NCCIH welcomes the submission of photographs from First Nations, Inuit, and Métis individuals for general use in NCCIH knowledge resources and publications. Specifically, these resources may include reports, booklets, fact sheets, infographics, and presentation materials. All NCCIH resources emphasize the strengths and diversity of First Nations, Inuit, and Métis children, families, and communities throughout Canada.

Regardless of photographer, each submitted photograph that portrays an image of people will require a Photo Release Form to be completed and signed by each person portrayed in the photograph. This includes a separate Photo Release Form for any individual(s) that may be seen in the background of the photograph.

A separate Photo Release Form will also need to be completed and signed by the parent/legal guardian of each child (under 18 years of age) seen in the photograph, regardless of whether the parent/legal guardian took the child's photograph.

Complete and sign either the *individual authorized consent* or the *parent/legal guardian authorized consent* below.

**Individual authorized consent:**

*For portrait of adult (18+ years)*

- I consent to the general use of my portrait in NCCIH knowledge resources and publications.
- I understand that the photograph of me will be securely stored in the NCCIH image database.
- I understand that NCCIH knowledge resources and publications may be available as printed resources in service provider agencies and on the NCCIH website (nccih.ca).
- I agree that I shall have no claim against the NCCIH or anyone accessing NCCIH knowledge resources and publications, whether online or in print.
- By signing this Photo Release Form, I confirm that I am 18+ years of age.

**Parent/legal guardian authorized consent:**

*For portrait of child (under 18 years)*

- I consent to the general use of my child's portrait in NCCIH knowledge resources and publications.
- I understand that the photograph of my child will be securely stored in the NCCIH image database.
- I understand that NCCIH knowledge resources and publications may be available as printed resources in service provider agencies and on the NCCIH website (nccih.ca).
- I agree that I shall have no claim against the NCCIH or anyone accessing NCCIH knowledge resources and publications, whether online or in print.
- By signing this Photo Release Form, I confirm that I am 18+ years of age and have the right to grant permission for NCCIH to use my child's portrait in NCCIH knowledge resources and publications.

Full name:	_____
Phone:	_____
Email:	_____

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Signature*

Full name  
of child: \_\_\_\_\_

*Parent/legal guardian information:*

Full name:	_____
Phone:	_____
Email:	_____

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Signature*