

**Consent to use photographic, video and audio recordings**  
**University of Ottawa**  
**Comprehensive School health Cohort**

The purpose of this form is to obtain your permission to use photographs, videos or audio recordings that contain your recognizable image or voice, along with your name, in material promoting the Comprehensive School Health Cohort, whether in print, in electronic format or on the Internet.

If you have any questions or concerns about this form and its content, please contact:

Dr. Rebecca Lloyd  
Email: rebecca.lloyd@uottawa.ca

**Participant's consent:**

I UNDERSTAND that the photographs, videos or audio recordings of me may be circulated widely and that, if posted on the Comprehensive School Health website, in its online searchable image bank or on any other websites, they will be available to the public. I also understand that the Comprehensive School Health Cohort has no control over, and is not responsible for, the use or misuse of materials available on its website, including any photographs, videos or audio recordings of me.

I GIVE MY PERMISSION to the Comprehensive School Health Cohort, to its representatives and to users of the University's online searchable image bank to use, reproduce, publish, transmit, distribute, broadcast and display photographs, videos or audio recordings that contain my image or voice, with or without my name associated with them. In any current or future Comprehensive School Health Cohort material, publications, multimedia productions, video, displays, advertisements and on the Cohort's website, social media website and other current or future media, without further notice to me or without my approval of the finished photographs, videos or audio recordings.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND this consent form.

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Signature of person in  
photos, videos, audio recordings

Print Name

Date

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Signature of parent of person in  
photos, videos, audio recordings

Print Name

Date