

Inclusion NB – Media Consent Form

By filling out this form, you are giving Inclusion NB consent to use your, or a minor in your care's image, voice, and/or story. This content could be used in social media posts, our annual report, newsletters, videos, and other communications.

Event Name (if applicable):
Date of Event:
Location:
Section 1: Consent for Publication
I (Print Name) give permission to Inclusion New
Brunswick Inc. ("Inclusion NB") and people working for them to use, modify, reproduce, and/orshare, or publish:
My images (photo and/or video), voice, and/or story;
to create materials that help promote and teach others about Inclusion NB's work, including videos, websites, social media posts (e.g., Facebook, Instagram, Twitter/X, etc.), newsletters, print materials, annual reports, and other publications.

I understand and agree that:

- These materials may be shared publicly through different types of media like newspapers, websites, TV, or radio;
- Inclusion NB may use such images, voice, and/or story multiple times in different materials over time;
- My name (or the name of the child in my care, as applicable) and other identifying information may be used unless I specifically indicate otherwise in Section 2 below.



Section 2: Event-Specific Consent

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- 1. Take photos or videos of me (or the person I represent): ☐Yes
- 2. Include my name with the photos, videos, or stories:

 Yes

Section 3: Right to Revoke

I understand that I may revoke this authorization at any time by providing written notice to Inclusion NB at either of the following addresses:

- Mail: 984 Prospect Street, Unit A, Fredericton, NB, E3B 2T8
- Email: info@inclusionnb.ca or dgates@inclusionnb.ca

This revocation will not apply to any actions taken before receipt of written notice, and Inclusion NB shall have a reasonable time period not exceeding 30 days to process and implement such revocation. Any materials already in circulation or previously distributed may continue to be used.

Section 4: Signature

Name:	
Preferred pronouns:	
Signature:	
Date:	

For persons under 18 years of age, the name of the Parent/Legal Guardian:

Full Name of Minor:	
Their preferred pronouns:	
Relationship to Minor:	
Parent/Legal Guardian Signature:	
Date:	