FORM FOR AUTHORIZATION, CONSENT AND WAIVER OF RIGHTS FOR PHOTOGRAPHS, VIDEO TAPES, SOUND RECORDINGS AND OTHERS

FOR SENIOR LIVING FACILITY (PRIVATE AND/OR PUBLIC) AND/OR THE FÉDÉRATION QUÉBÉCOISE DU LOISIR EN INSTITUTION (FQLI)

I, the undersigned: __________________________________________

☐ Authorize the facility (senior living environment): ________________________
☐ Authorize the FQLI (above mentioned)

This consent and this waiver of my rights as to the use made of these photographs, films, sound recordings and others, commit, after my death (for a period of three years), my beneficiaries, heirs or others, both for my present rights than those I may have in the future.

On the other hand, I agree not to receive any remuneration.

Please check all the items for which you give your consent:

☐ My first name;
☐ My last name;
☐ A description of myself;
☐ A photo of me;
☐ A videotape, electronic image or other of me;
☐ A recording of my voice;
☐ Other: ____________________________________________________________.

Please check all the items for which you give your consent:

☐ Video tape on a website or social media (ex: Facebook);
☐ Publications, printed promotional materials distributed publicly (brochures, fact sheets, posters, interviews, articles or other presentation material). These documents can also be posted on a website or social media (ex: Facebook);
☐ Promotion of activities in the senior living facility using photographs (digital frame, closed circuit television). These photographs can also be displayed on a website or social media (ex: Facebook);
☐ Communication materials (speeches, press releases, information documents) that can be shared with the media and other organizations. These documents can also be posted on a website or social media (ex: Facebook);
☐ Participation in an activity or event where representatives of the media (television, radio, newspapers, etc.) may be present. I understand that the media may use my photo, name, audio, video, etc.
Please read the following before signing this authorization and consent form.

I acknowledge that by signing this authorization and consent form, I grant the senior living facility the right to photograph or record on film, video tape, soundtrack or other audiovisual or electronic medium, my voice, my portrait and my person. I also grant them the exclusive rights, licenses and privileges, which I enjoy by virtue of any copyright, other right or license, to use, broadcast, transmit by cable, disseminate on the Internet, reproduce and distribute the aforementioned elements for the purposes and in the forms that I have chosen. I agree never to claim compensation for such uses, and I waive the right to review or approve the finished products of video recordings, sound recordings or photos.

I understand that by signing this authorization and consent form, I consent to my personal information being used and disclosed during promotional activities and events and in promotional materials that will be widely disseminated. I also understand that publications, promotional materials and communication materials may be posted on a website or social media (ex: Facebook).

____________________________________________
Signature: resident/authorized person
____________________________________________
Date

____________________________________________
Witness to signature
____________________________________________
Date

N.B.: We must ensure that the signatories of this authorization and consent form are authorized to do so in accordance with the legislative texts in force. And if applicable, please mention in what capacity (curator or holder of parental authority) the person is authorized to sign. Reproduction of this form is authorized.