



Federation of BC Youth In Care Networks Photo Consent Form

During events and activities hosted by the Federation of BC Youth in Care Networks (FBCYICN), such as Steering Committee Meetings, Holiday Parties, Awards Ceremonies, Special Events, etc., we take photos that include young people, alumni, and adults. We use these photos in our Power Pages magazine, on our website, in reports, and sometimes in information sheets and brochures. It is FBCYICN policy that names, ages or addresses are not used to identify youth under the age of 19 in these photos. Social workers, please note that this is in line with MCFD policy for use of photos of children and youth in care.

Consent:

I hereby give the Federation of BC Youth in Care Networks, its employees and those acting with its authorization the right and permission to use and / or publish photographs of me in promotional materials, which may include PowerPages, brochures, information sheets and the Federation of BC Youth in Care Networks website (www.fbcyicn.ca). I hereby waive any right to inspect or approve the finished or publicized photographs.

Signing this form will be deemed as consent with the above. A parent or guardian must sign this release form if the individual photographed is under the age of 19 years. If the youth / participant are under the age of 19 both signatures of participant and guardian must be signed.

I hereby authorize the Federation of BC Youth in Care Networks to allow photographs taken for the following *(circle yes or no)*:

- | | |
|-------------------------|----------|
| PowerPages or Magazines | yes no |
| Information Sheets | yes no |
| Brochures | yes no |
| FBCYICN Website | yes no |
| Reports | yes no |

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number _____ Email _____

Birthdate (day/month/year) _____

Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

(If participant is under the age of 19 years)

If no consent given, please indicate why:

- Court-ordered restriction
- Immediate safety concern
- Other *(please specify)* _____

**Please note that if you have given consent and want it changed, you must contact us immediately to let us know.*