



Patients as Partners Initiative
CONSENT AND RELEASE (MINOR)

I, _____, EFFECTIVE AS OF THE DATE I SIGN BELOW, HEREBY ACKNOWLEDGE
Print Name

AND AGREE WITH THE GOVERNMENT OF BRITISH COLUMBIA represented by the Minister of Health, (the "PROVINCE") AS FOLLOWS:

During the _____ at _____
Name of Engagement Event Location

on _____, the Province wishes to use photographs, audio and/or video recordings, notes or other materials
Date of Event

that capture my and/or others' image, voice, likeness, comments or other personal information (collectively, "recordings").

I agree that I am entering into this Consent and Release in exchange for the opportunity to participate in

Name of Engagement Event

I agree that:

- the Province may make any use of the Recordings for educational, research, quality improvement and/or public promotion purposes, including reproducing, modifying, making derivative works from, publishing, distributing and broadcasting them, in whole or in part;
the Province may use the Recordings in any manner including, but not limited to, for websites, social media, publications, videos, print, radio and television; and
the Province may assign or license these rights to the Province's representatives or third parties (collectively, "Others").

Unless and until I notify the Province otherwise in writing, I consent to the direct and/or indirect collection, use and disclosure by the Province and Others of any of my personal information contained in or associated with the Recordings for educational, research, quality improvement and/or public promotion purposes, including by way of the Internet, and I consent to my personal information being stored, used, disclosed to and accessed by the public at large, including in jurisdictions and to persons outside of Canada for these purposes.

I confirm my understanding that:

- I do not own or have any interest in any Recordings created by or on behalf of the Province;
I do not have any right to pre-approve use of the Recordings by the Province or Others; and
I am not entitled to any compensation (financial or otherwise) for any use of the Recordings by the Province or Others.

I hereby waive my rights and agree to release and hold harmless the Province and Others from any and all claims I may have against them by reason of any fact or matter in any way relating to their use of the Recordings or this Consent and Release and, further, I hereby waive in favour of the Province and Others my rights to the integrity of, and to remain anonymous or to have my name associated with, any Recordings. I further agree to fully indemnify the Province and Others for all expenses, costs and damages arising from any third party claim relating to any Recordings, including with respect to the misuse of personal information and the infringement of any intellectual property or other proprietary rights.

This Consent and Release forms the entire agreement between the parties and any modification must be in writing and signed by the Province.

BY SIGNING BELOW I CONFIRM THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

If the subject or creator of the Recordings is a person under the age of 19, whose name is _____
Print Name

(the "Minor"), I represent and warrant that I am at least 19 years of age and I have the authority to, and I do hereby, agree in conjunction with or for and on behalf of the Minor, as well as myself, to all of the terms and conditions contained in this Consent and Release.

SIGNED AND DELIVERED THIS _____ DAY OF _____, 20 _____ :

Signature

Signature of Minor (if at least age 13)

Witness