

BAYCREST CONSENT FORM FOR RECORDING/PHOTOGRAPHY/INTERVIEWS

Name: _____

Contact information: _____

Check all that apply:

- ☐ Yes, I consent to have Baycrest Foundation (department, outside media or other) record/photograph/interview me for the purpose of obtaining material which may be used for public viewing in a brochure, internet web page, social media, news story, broadcast or other forms of media. I further consent to this material being used again in the future for Baycrest's educational or promotional purposes in perpetuity.
- ☐ Yes, I would like to receive emails from Baycrest, its subsidiaries and affiliated entities.
- I understand that I can withhold or withdraw this consent at any time either before or during the interview session, and this will not impact the care Baycrest provides. If I do so, personal photographs, or footage of personal interviews will be deleted. However, if I appear in the background of other recordings or as part of a group discussion in which I freely participate, such footage will not be deleted, and may be distributed to the public.
 - I understand that once the materials have been published or circulated to the public in any manner or via any media, Baycrest cannot retrieve or delete my statements/video footage/photographs and withdrawing my consent for their use relates only to Baycrest's further use as described above.
 - I have been given the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Subject/Event: Teen Takeover Volunteer Day – January 25, 2026

Signature

Date

Witness

Date

If you have any questions about how Baycrest protects your privacy, please contact Baycrest's Marketing and Communications department at (416) 785 2500 ext. 6579.