

BAYCREST CONSENT FORM FOR RECORDING/PHOTOGRAPHY/INTERVIEWS

Name: _____

Contact information: _____

Check all that apply:

- ☐ Yes, I give consent for my child/ward _____ to have Baycrest Foundation (department, outside media or other) record/photograph/interview them 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 my child appears in the background of other recordings or as part of a group discussion in which they 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 – November 15, 2026 _____

Parent Signature

Date

Parent/Guardian Full Name

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.