

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Revised 2015 07 02 - District Accountability – Communications

## Student Media Release and Photographs - Consent Form (Adult Student)

*The Upper Canada District School Board (UCDSB) endeavors to be as inclusive as possible while respecting the individual confidentiality of students and their parent(s)/guardian(s). The UCDSB collects, retains and uses a student's likeness and personal information in a variety of ways in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56 and the Education Act R.S.O.1990, c.E 2.*

*The UCDSB is pleased to share live-streaming of some UCDSB sporting and other events for viewing by students, parents, guardians and the larger public on "UCTV". Please select this link to access and bookmark this area for future reference: [uctv.ca](http://uctv.ca)*

I understand that the UCDSB and its schools, as well as external media organizations attending UCDSB/school events, may record events and activities through the use of photographs, print/digital and other recordings, publications, postings and/or broadcasting which may be comprised of my name, student work and/or performance and could include recognizable images of me involved in educational activities before, during and/or after school. I understand that the UCDSB does not have any control or authority over how third party media organizations use or disclose this information, and that recordings may appear on the internet or in other publications outside of the UCDSB's control.

I understand that individual student and/or classroom photographs may be taken by a photography agency and acknowledge that such photos become public once sent home with students, used in a school yearbook (which may be digital) and/or used in school displays/school websites/school Facebook pages.

I agree that the UCDSB and/or my school may use and disclose at its discretion my image, including student profile picture, student work, recordings and/or performances by posting and/or broadcasting them on the UCDSB website, school websites, yearbooks/augmented yearbooks, on UCDSB and school social media sites such as UCTV, or other local media, Facebook, Twitter, YouTube and/or disclosing these records on other modes via the internet, television or radio. I release ownership, moral rights, or financial benefit, whether this use or disclosure is known or unknown to me. I will not hold the UCDSB responsible for any harm that may arise from the aforementioned.

I acknowledge all of the above through my consent, and release any claim to the protection of personal privacy of myself under the provisions of the Municipal Freedom of Information and Protection of Privacy Act.

**\*\* PLEASE COMPLETE Part A and Part B in BOTH Sections – 1. Media and 2. Student Photographs.**

1. MEDIA		
Part A: Board/School		
<input type="checkbox"/>	<b>I CONSENT</b>	to my image, personal information and/or student work being collected, used, retained and/or disclosed by <b>UCDSB</b> as described above.
<input type="checkbox"/>	<b>I DO NOT CONSENT</b>	
Part B: Third Party		
<input type="checkbox"/>	<b>I CONSENT</b>	to my image and/or personal information being collected, used, retained and/or disclosed by <b>third party media organizations</b> as described above.
<input type="checkbox"/>	<b>I DO NOT CONSENT</b>	

2. STUDENT PHOTOGRAPHS		
Part A: School/Classroom Photos		
<input type="checkbox"/>	<b>I CONSENT</b>	to participating in the <b>school/classroom photo</b> , which may involve the UCDSB/my school reproducing or displaying class photographs relating to or involving myself, as described above.
<input type="checkbox"/>	<b>I DO NOT CONSENT</b>	
Part B: Individual Student Photos		
<input type="checkbox"/>	<b>I CONSENT</b>	to participating in the <b>individual student photo and/or student profile picture</b> , which may involve the UCDSB/my school reproducing or displaying student photographs relating to or involving myself, as described above.
<input type="checkbox"/>	<b>I DO NOT CONSENT</b>	

**Please speak directly with your school Principal should you have any questions or concerns, or should the choices above not apply fully to your circumstances.**

I fully understand the contents and meaning of this consent and release of responsibility for harm that might be caused by the collection, use, retention and/or disclosure of my personal information.

I understand that I can, at any time, revoke my consent by informing my Principal in writing.

I understand that this form will remain active on my file at the school until replaced by the most recent signed form and/or I leave the school.

Student's Name: \_\_\_\_\_

Student's Signature (if 18 years of age or older): \_\_\_\_\_ Date: \_\_\_\_\_