

Photograph/Image Consent Form

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First and Last Name (Print):

Signature (if 18 years or older):

Date:

First and Last Name of Parent/Guardian (if subject under age 18):

Date:

Signature of Parent/Guardian:

Date:

I hereby grant permission to Toronto Metropolitan University to use my name with these images and recordings. I understand that my consent will apply through the duration of my time in the program. I also understand that I am able to revoke this consent at any time.

Signature (signature is of Parent/Guardian if subject under 18):

Date:

Note: If you wish to revoke this consent, please contact the Program Manager.

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