



Canadian Hard of Hearing Association BC Youth Peer Support Program

Participant Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to CHHA BC Youth Peer Support Program to use my or my child's image, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of me for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the CHHA BC Youth Peer Support Program website.

- Deny permission to use my or my child's image at all.
- Grant permission to use my or my child's image in the following ways (mark all that apply):
 - Limited usage: I want my or my child's image used within the CHHA BC Youth Peer Support Program setting only (not in the larger community).
 - Limited usage: I want my or my child's image used for educational materials only (not marketing). This could be either within CHHA BC Youth Peer Support Program or in the larger community.
 - Limited usage: I want my or my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage: I give unrestricted permission for my or my child's image to be used in print, video, and digital media. I agree that these images may be used by CHHA BC Youth Peer Support Program for a variety of purposes and that these images may be used without further notifying me. I do understand that the no names will not be used in conjunction with any video or digital images.

Participant signature _____ Date _____
Parent/guardian signature _____
(if under 19)

Please make a copy of this form for your own records and submit the original upon your attendance to the retreat.

Bowen Tang & Joy Gong
Program Directors
CHHA BC Youth Peer Support Program

If you have questions and/or concerns, please contact us at chhabcypsp@gmail.com.