



**S E R V I C E S**  
**AUDIO/VISUAL**  
**CONSENT FORM**

I, \_\_\_\_\_

Give my permission for the Society for Manitobans with Disabilities (SMD) Services to take/use photographs/video footage/written information of:

\_\_\_\_\_ Myself

\_\_\_\_\_ My Child (name) \_\_\_\_\_

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Said photographs, television or video tape, or stories may be used in connection with educational programs, publicity, fund raising campaigns and is presently intended to be used for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restrictions on use are as follows: (e.g. time restrictions etc.)

\_\_\_\_\_  
\_\_\_\_\_

I understand that SMD Services will attempt to notify me as to any future use of the aforementioned audio/visual/print material.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_ SMDS Staff Signature: \_\_\_\_\_

*For Office Use Only:*

Original copy to client file \_\_\_\_\_ Dept: \_\_\_\_\_

Copy to COO Services \_\_\_\_\_