

MBTelehealth Room 772 Seventh Floor John Buhler Research Centre 715 McDermot Avenue Winnipeg, MB Canada R3E 3P4 (204) 975-7787 Fax

Page 1 of 1

Consent for Photographs/Video for Public Presentation

l,,	hereby authorize MBTelehealth to include photographs
and/or video of myself, or my child	, on their website and/or on any public
presentations about MBTelehealth	
I understand that I will will not be identified by name and that the photograph/video is only to be	
used by MBTelehealth for the purposes of education or illustration. It will not be used for commercial	
purposes, sold or re-assigned to a third party without my express written permission.	
I understand that the sole right to copyright an	d reproduction of such is with MBTelehealth.
I hereby waive all claims that I might have against MBTelehealth, its employees and agents in any	
manner whatsoever relating to the said photog	graphs and/or video recordings.
Oi-man als	
Signed:	
Date	Name (print)
	Signature
	Deletionable (if single a see babalf of abilet)
	Relationship (if signing on behalf of child)
Witness	
Witness:	
Date	Name (print)
Date	radite (pilit)
	Signature
NOTE: Original form to be forwarded to the Manager, Virtual Care	

4.20.15 Form 2