Alzheimer Society
ALBERTA AND
NORTHWEST TERRITORIES

Multimedia Consent Form – Alzheimer Society of Alberta and Northwest Territories

At the Alzheimer Society of Alberta and Northwest Territories, we work to educate individuals about Alzheimer's disease and other dementias by sharing the stories of people with dementia. This may also include sharing photos, videos, audio clips and blogs.

By giving the Alzheimer Society of Alberta and Northwest Territories permission to use your story, photo, video or sound clip which you are part of, you are helping us to build awareness that will bring us one step closer to our vision: a world without Alzheimer's disease and other dementias.

The Society will make every effort to inform you each time your story or photo is being used.
We thank you for your participation.

☐ I consent to my name, photo, a video and/or sound clip which I am part of and (if applicable) my story being used, disclosed and reproduced for promotional, marketing, fundraising and advertising purposes, including but not exclusively in newsprint, promotional videos, television ads, program brochures, posters, the website and our learning platform helpfordementia.ca, including the Society's social media channels (Twitter, Instagram, LinkedIn, Youtube, Tiktok, & Facebook) and podcast Help For Dementia. I realize that this material may also be used by other Alzheimer Societies across Canada.

I hereby release and discharge the Alzheimer Society of Canada, the Alzheimer Society of Alberta and Northwest Territories, and the local Alzheimer Societies, including their respective employees, directors, officers, agents, trustees, representatives, contractors, sub-contractors, volunteers, predecessors, successors and assigns, as well as any and all media outlets and/or services in which my information may be published or appear, directly or indirectly, from any and all liability and claims for damages of any kind, howsoever caused.

Personal information:

Name (first, last): _____

Phone (home): _____ Phone (daytime/cell): _____

Email: _____

Address: _____

_____

Signature: _____ Date: _____

Alzheimer Society: _____ Date: _____
Witness

The Alzheimer Society of Alberta and Northwest Territories is committed to protecting your privacy and personal information. The information will be held in the strictest confidence and at no time will it be shared with third parties.