



CONSENT FOR

- RECORDINGS



- PHOTOS



- VIDEOS



- QUOTES



ECM want to share information about disabilities and mental health issues. ECM want to promote wellbeing.

ECM want to share photos, video, audio recordings, quotes to our newsletter, advertising, website, social media, in clinic, and campaigns.

Acknowledge and consent

I acknowledge that:

- I am over 18 years OR I am a parent/guardian.
- I may be a client, guardian, employee or contractor at ECM, or other.
- I have read and know what this form means.
- I know my photos/videos/etc may be used or kept to use later.
- I can talk to ECM to change my details.

Note: ECM follows Privacy Principles.

Sign 1 or 2:

1. I am over 18 years old. I may be a client, employee or contractor at ECM or other. I have read this form. I understand this form.

Name:

Email:

Signature:

Phone:

Date:

OR

2. I am the parent, guardian or representative of someone. I have read this form. I understand this form.

Name:

Email:

Signature:

Phone:

Date: