First Nations Education Steering Committee Indigenous Adult and Higher Learning Association First Nations Schools Association



Consent Form

Photo/Video/Artwork for Public Viewing

The First Nations Education Steering Committee (FNESC), the First Nations Schools Association (FNSA) and the Indigenous Adult and Higher Learning Association (IAHLA) appreciate having photos, videos, and artwork to use in our publications and presentations and to share with our education partners.

These images and recordings are an important part of our efforts to spread information about First Nations schools, Aboriginal-controlled institutions, and First Nations education more broadly.

FNESC/FNSA/IAHLA is seeking your consent to collect, use and share photographs, videos, images (artwork) and/or for purposes including:

- As part of FNESC/FNSA/IAHLA publications, communications and promotional materials such as publically available newsletters, brochures, posters, presentations or annual reports;
- On FNESC/FNSA/IAHLA websites and/or social media accounts;
- As part of parent, student or teacher resources.

Right to Withdraw Consent

Consent is valid until revoked. An individual may revoke consent at any time by contacting FNESC's Privacy Officer at <u>Privacy@fnesc.ca</u>.

Privacy

FNESC/FNSA/IAHLA are subject to the BC Personal Information Protection Act (PIPA) and takes seriously their obligation to protect your privacy.

Collection, Use, Disclosure of Names, Images and/or Recordings

By signing this form, you are granting consent for FNESC/FNSA/IAHLA to collect, use and disclose your name and/or recorded image, for purposes consistent with those described above.

Your Name (please print): _____

Initial below indicating if you do or do not grant consent.

I give consent for FNESC/FNSA/IAHLA to collect, use, and share my name and/or recorded image for purposes consistent with those described above.

_____ I **DO NOT** give consent for FNESC/FNSA/IAHLA to collect, use, and share my name and/or recorded image for purposes consistent with those described above.

Your Signature:

Date: