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## CONSENT FORM

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I, \_\_\_\_\_, hereby authorize, on behalf of  
*(Print individual or legal guardian name)*

\_\_\_\_\_ to be photographed and used for the following:  
*(Print individual's name)*

- |   |  |
|---|--|
| <input type="checkbox"/> SRSAN Newsletter               | <input type="checkbox"/> SAIPA/SRSAN Website |
| <input type="checkbox"/> SRSAN Display Board            | <input type="checkbox"/> SRSAN Brochure      |
| <input type="checkbox"/> SRSAN Power Point presentation | <input type="checkbox"/> SRSAN Scrapbooking  |
| <input type="checkbox"/> Community newspaper            | <input type="checkbox"/> Television          |

I understand that the Southern Alberta Individualized Planning Association, on behalf of the South Region Self Advocacy Network, will be sensitive and careful in the use of the material and that I may withdraw my consent at any time.

**\*\*This consent is valid for one year from the signature of this form.\*\***

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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**Please send the form to:**

**South Region Self-Advocacy Network  
527 – 6 Street South, Lethbridge, Alberta T1J 2E1  
Phone 320-1515 or Toll Free 1-866-320-1518  
Fax: (403) 320-1515**

