

June 20, 2011

Filmpossible Contest - Release Form

NAME OF VIDEOMAKER OR PHOTOGRAPHER: _____

This is a release form relating to the FilmPossible Contest for Holland Bloorview Kids Rehabilitation Hospital. Contest details and Contest Rules are available online at www.filmpossible.ca. As part of the Contest Rules, the Videomaker or Photographer is required to have the written permission of any individual who is identifiable in the video or photo (identifiable by name, likeness, image, voice, or picture). And if the individual is under the age of 18, a parent or legal guardian must also sign this form.

PURPOSE: As part of the FilmPossible Contest, the video or photo may be posted on the internet for worldwide viewing, distribution and public voting at www.filmpossible.ca. When a video or photo is posted on the internet, it is very difficult to control who uses the video or photo and for what purposes. The video (or parts of the video) or photo may also be used for advertising, marketing, fundraising, promotional materials, and recruitment and purposes related to the Filmpossible Contest by Holland Bloorview Kids Rehabilitation Hospital and its Foundation. Please note the Videomaker or Photographer may have additional purposes for the video or photo that are unrelated to this Contest.

PRIVACY: Holland Bloorview Kids Rehabilitation Hospital takes steps to protect privacy. Please see our Privacy Policy at <http://www.bloorview.ca/about/policies/privacystatement.php>

CONSENT: I give consent that _____
(Participant) may be identifiable in the video or photo submitted by the Videomaker or Photographer to the Filmpossible Contest. If I wish to withdraw my consent, I will contact the Videomaker or Photographer, or Holland Bloorview Kids Rehabilitation Hospital at filmpossible@bloorview.ca. I understand that if the video or photo has already been posted on the internet it may take a few days or weeks to remove it from the website.

Name: _____ **Signature:** _____

If Participant is under the age of 18, Parent/Guardian must sign:

Name : _____ **Signature:** _____

Attention Videomakers and Photographers: You must keep a copy of this Release Form for the duration of the Contest Period and may be asked to provide copies of this form to Holland Bloorview Kids Rehabilitation Hospital for purposes of the Filmpossible Contest.