

PARTICIPANT INFORMATION AND MEDIA CONSENT FORM

The Town of Westlock may take photographs and/or video recordings of individuals participating in Town programs, events, activities, or using Town facilities.

These images and recordings may be used for municipal purposes including, but not limited to:

- Town publications and reports
- Website and social media
- Promotional and educational materials
- Advertising and public communications

Photos and videos help the Town share community stories, promote programs and events, and keep residents informed.

By signing this form, I acknowledge that I am the participant (if 18 years of age or older) or the legal guardian of the participant(s) listed below, and I hereby grant permission to the Town of Westlock and its agents to **collect, use, reproduce**, and publish photographs and/or video recordings in which the participant may appear.

This consent is **valid for five (5) years** from the date of signing.

I understand that:

- Participation is voluntary
- I may withdraw my consent at any time by submitting a written request to the Town of Westlock. Withdrawal of consent will apply to future use of images and recordings and does not apply to materials already published or distributed.
- No compensation will be provided for the use of images
- The Town of Westlock will not sell images or recordings to third parties for commercial use

I consent to the use of photographs and/or video recordings.

I do **NOT** consent to the use of photographs and/or video recordings of the participant(s) for Town promotional or communications purposes.

Name(s) of Participant(s): _____

Name(s) of Parent(s) or Legal Guardian(s): _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

Privacy Notice

The personal information provided by you is being collected under the authority of the Municipal Government Act and will be used for the purpose of administering Town of Westlock programs and services, ensuring participant safety, maintaining emergency contact information, managing authorized pickup arrangements, and obtaining consent for the collection, use, and publication of photographs and/or video recordings for Town communications, promotional, and public information purposes. This collection is authorized by section 4(c) of the Protection of Privacy Act (POPA). The personal information that you provide may be made public, subject to the provisions of the Access to Information Act (ATIA). If you have any questions about the collection, use, and disclosure of this information, please contact the Access to Information and Protection of Privacy Coordinator with the Town of Westlock at 780-349-4444.



10003-106 Street, Westlock, AB T7P 2K3
Phone: 780-349-4444
Email: info@westlock.ca

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I _____ give _____
(Parent/Guardian's Name) *(Child's Name)*

permission to participate in the Westlock Rotary Spirit Centre/Westlock Aquatic Centre programs.

Age: _____ Date of Birth: _____ Gender: _____

Please note: the following section pertaining to allergies and medical information is for staff to be aware of conditions to watch out for.

Any **allergies** (food, environment, medical, etc.):

Signs of **allergic reaction** include:

Any **medical information** (asthma, illnesses, need medication, etc.):

Any **behavioural, developmental, learning, or support needs** staff should be aware of:

Name(s) of those who have permission to pick your child up:

Parent(s)/Guardian(s) Name(s): _____

Phone Number(s): Home: _____ Cell: _____ Work: _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

In signing this document, I agree to allow my child _____ to
(Child's Name)

participate in the Westlock Rotary Spirit Centre/Westlock Aquatic Centre programming, and in doing so, I **am acknowledging the risks** associated with the activity(ies).

Parent/Guardian Signature: _____ Date: _____