

I, _____, hereby authorize and give consent that the **Alberta Medical Association** shall have the right to use any/all photos, audio, video and written files (whether supplied/provided to the AMA or taken/produced/drafted by the AMA or its representative) of me or by me (and/or my minor child/children) for all purposes relating strictly to AMA business, including display on the AMA website or in other AMA publications, social media or displays. Unless requested otherwise, I authorize and give consent to the AMA to permanently retain the photos, audio, video or written files.

Withdrawing consent

I understand that, at any time, I may request my consent be withdrawn immediately by contacting the AMA representative(s), below. I also understand that due to the complexities of information technology, it may be impossible to ensure that my photo, audio, video or written files are permanently removed in their entirety from internet sources.

Primary AMA contact [to be completed by responsible AMA staff member]

EMAIL: _____

PHONE: _____

Secondary AMA contact [to be completed by responsible AMA staff member]

EMAIL: _____

PHONE: _____

Protection of privacy

Please direct any questions regarding this consent form and collection to Manager, Website, Alberta Medical Association, 780-482-2626. By completing this form, you consent to allow the AMA to collect and use personal information (including identifying you by name) by way of photo, video, audio or written files and to disclose/use this personal information via our website or publications. Your information will be safeguarded, retained and disposed of in accordance with the records retention and disposition schedules of the Alberta Medical Association.

Your name (please print):	
Date:	
Signature (required):	

Signature of consent by parent/guardian required on behalf of child/children under the age of 18