

## CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

I, \_\_\_\_\_ hereby authorize and give consent that the **Alberta**  
 <Please print your name>  
**Medical Association** shall have the right to use any/all photographs, audio and video recordings (whether supplied/provided to the AMA or taken/produced by the AMA or its representative) of me (and/or my minor child/children) for all purposes relating to AMA business, including illustrations 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 or video recordings. The AMA will not make them available for any other purpose. I understand I may withdraw my consent at any time by contacting Manager, Website by email or in writing.

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 by way of photo, video or audio recording (including identifying you by name) 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: \_\_\_\_\_

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