



The Down Syndrome Association of Toronto  
40 Wynford Drive Suite 303  
Toronto, ON M3C 1J5  
416-966-0990  
www.dsat.ca

## CONSENT FORM

I/We \_\_\_\_\_  
(Print Your Name Here)

Being the parent(s) and/or legal guardian(s) of \_\_\_\_\_  
(Print Name of Child)

HEREBY CONSENT TO The Down Syndrome Association of Toronto (DSAT), to take, exhibit or publish photographs, videos, and sound recordings now or in the future for the following reasons:

YES    NO

- |                          |                          |                                                                                    |
|--------------------------|--------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Group photographs, videos, and sound recordings for public relations purposes      |
| <input type="checkbox"/> | <input type="checkbox"/> | Individual photographs, videos, and sound recordings for public relations purposes |

Public relations may include various media including: newspapers, magazines, radio, television and internet.

Please indicate your consent by checking the appropriate box above. This consent may be terminated at any time by submitting a written request to The Down Syndrome Association of Toronto 40 Wynford Drive Suite 303 Toronto, ON M3C 1J5

I/We DECLARE that I have read this consent for photographs, videos, and sound recordings or it has been read and explained to me and I fully understand it and consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE of Parent/Guardian