

Communication Assistance for Youth and Adults

Unit 700 - 655 West Kent Avenue N. Vancouver, B.C., Canada V6P 6T7 Phone: 604 326-3500 Fax: 604 266-2463 www.cayabc.org

Photo/ Media Consent Form

Dear CAYA client,

You are currently receiving, or have received services from Communication Assistance for Youth and Adults (CAYA). We request permission to profile you or your work in a variety of CAYA mediums. These uses will be for educational purposes, such as presentations at conferences or workshops, for brochures or newsletters, or for inclusion in internet resources. All materials will be used in positive ways to promote awareness of the benefits of augmentative/alternative communication systems for individuals who require them.

Consent for Use of Photos and/or Materials

I, (CAYA Client's name) _____

(Please Print)

grant permission for Communication Assistance for Youth and Adults (CAYA) to take photographs and/or videos of me, or use materials I have produced, for:

Presentations for workshops or conferences

Print publications, such as resource guides or brochures

Information or training resources on the CAYA website and/or CAYA YouTube channel

Signed by:	Name and/or relationship:	
(client or representative)		
Signed on theday of (month)	20	
Witness:	Name:	
	Address:	
If the client is unable to sign, a second wi	tness is required	
	·	
Witness:	Name:	
	Address:	
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