

With the consent of the participant(s), image and audio captures will be kept and may be used for educational purposes and/or to promote Nova Scotia Health.

I, _____ (please print full name),
consent to permitting image and/or audio capture during this educational session,
and for those captures to be used for the following purposes:

Educational purposes

and/or

Promotional purposes

OR

I, _____ (please print full name),
DO NOT consent to permitting image and/or audio capture during this educational
session. I understand that if I refuse, it will not have a negative effect on my relations
with the Nova Scotia Health.

I understand that at any time following the session, I may withdraw my consent.
I understand and acknowledge that the image and/or audio captures may be
destroyed at any time without notice to me. I hereby waive any claim for payment
arising from or any use made of the image and/or audio capture in relation to the
above noted purposes.

Signature of Participant

Date

Witness

Date