

## CONSENT TO INTERVIEW, PHOTOGRAPH AND RELEASE OF INFORMATION

I, the undersigned				(print name) of
		(prin	<i>t addr</i> ess) auth	horize the Canadian
Therapeutic Recreati	on Association and/or			
	(na	(name of publication, radio or television station)		
to:		YES	NO	
1.	Interview			
2. 3.	Photograph Take video images			
3. 4.	Make a voice recording			
or: provide the news	media with the following informa	tion concerning	:	
				(name of person)
Other information as	specified:			
Recreation Association newspapers and other required. I acknowledge that by Recreation Association claims, demands, dail administrators or nexincluding but not limit providing this Conser	perpetuity, without payment or common and/or the Producer in any form and/or the Producer in any form publications, and other medianly signing this document I shall further and/or the Producer and their mages actions or causes of action to fix may now or hereafter haved to any claims arising from pure to Interview, Photograph or Resoft medical treatment.	rm or translation including televisus are representatives ons whatsoever, we against them blication of the results of the results are represented as a second contract of the	n including radicion, Internet of release the standard respectively which I, my he or any part of materials. I ac	io broadcasts, r film releases if so Canadian Therapeutic from any and all eirs, executors, them in respect of or knowledge by
Signature of Subject	or Interviewee (or Substitute De	cision Maker)		
Relationship (where a	applicable)			
Date		()_ Telephone i	Number	
Name of person requesting consent		Title of person requesting consent		
Telephone Number of person requesting consent		Name of Event (if applicable)		