



provincial
assessment
centre



Consent for Photography/Image/Likeness

By signing below I, (please print) _____ authorize Community Living BC (CLBC) and/or the Provincial Assessment Center (PAC) to videotape and/or photograph
(please print client's full name)

By signing below, I authorize the use of photographs/videotaping/reproduced images for the following purpose(s):

- The visual identification of the client
- PAC promotional materials (including facility displays and the CLBC/PAC website)
- Staff/Clinical /Caregiver/Student education and training
- The documentation of the client's progress during their time at PAC
- Other (please provide details below)

Name (please print)

Signature

Please indicate the nature of your signing authority:

- Self-advocate (client)
- Parent
- Legal Guardian
- Other (please provide details) _____

Witness Signature

Date

Consent Expiration Date: 90 days from the date signed

Questions and/or concerns can be directed to the Communications Department: 604-664-0101
Inquiries about PAC can be directed to our front desk: 604 660-0228