



# Municipal District of **GREENVIEW**

## Use and Disclosure of Personal Information Non-Consent (Photographs, Audio and/or Video Recordings)

I, \_\_\_\_\_, hereby declare my non-consent of photo or video recordings of myself for the event indicated on this form. If applicable I will list all family members and minors below. I will bring this completed form to the public event and hand it to the Greenview staff taking photos and videos. To ensure Greenview receive your declaration, please use the slip on the bottom part of this form and keep it for your records.

Event Description: \_\_\_\_\_

Location: \_\_\_\_\_ Event Date: \_\_\_\_\_

### Non-Consent for Photos and Video recording

I, \_\_\_\_\_, hereby declare that the following family members and minors have not consented to photo and video recording and their names are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and acknowledge that the MD of Greenview will make reasonable efforts to ensure that these individuals are not included in any external publications or use of photographs/videos taken during the event/program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Freedom of Information and Protection of Privacy The personal information that you provide the Municipal District of Greenview No. 16 is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act – Section 33(c). The information will be used for the purpose of internal and external advertising.

Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the FOIP Act and can be reviewed upon request subject to the provisions under the Act. Questions regarding the collection of personal information can be directed to: FOIP Coordinator – Legislative Service – 780-524-7600 – [foip@mdgreenview.ab.ca](mailto:foip@mdgreenview.ab.ca) - Municipal District of Greenview No. 16 Box 1079, Valleyview AB T0H 3N0.

Please keep the slip below for your records.

### Use and Disclosure of Personal Information Non-Consent (Photographs, Audio and/or Video Recordings)

Event: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of Participant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Greenview received this declaration from the named Participant on this form.

Full Name of Greenview employee: \_\_\_\_\_