



Appendix B

CACHA PHOTO AND VIDEO CONSENT FORM

Section 1: Personal Information

Name: _____

Age: _____

Gender: _____

Contact Information (optional): _____

Section 2: Consent Details

Description of Image(s): (e.g., group photo, individual portrait, medical consultation, etc.)

Date and Location of Photography/Video: _____

Section 3: Usage Agreement

I, the undersigned, consent to the following:

1. Purpose of Use:

The photographs or videos may be used by CACHA for:

- Social media posts
- Website content
- Promotional materials (brochures, flyers, etc.)
- Annual reports
- Educational and informational presentations

2. Duration of Use:

This consent is granted for an indefinite period unless revoked in writing.



3. Rights and Revocation:

I understand that I can revoke my consent at any time by contacting CACHA at ed@cacha.ca. Upon revocation, CACHA will cease any future use of my images.

4. Privacy and Confidentiality:

CACHA will ensure that my privacy is respected and that images are used in a manner that maintains my dignity and respects cultural sensitivities.

I understand that my name and personal details will not be used alongside the images unless explicit permission is granted.

5. Non-Commercial Use:

I understand that the images will not be sold or used for commercial purposes.

Section 4: Consent Declaration

I hereby grant permission to the Canada Africa Community Health Alliance (CACHA) to take and use photographs or videos of me as outlined above.

- Signature: _____

- Date: _____

- Printed Name: _____

- Witness Name (if applicable): _____

- Witness Signature: _____

Note to Volunteers:

Ensure that the individual (or their guardian, if the individual is a minor) fully understands the contents of this form. If necessary, provide translation assistance in explaining the terms. Maintain a copy of the signed consent form and submit to the CACHA office for their records.
