

Camrose and District Victim Services

6220-48 Ave, Camrose Alberta, T4V 0K7 780-672-4570- Camrose Police Service 780-672-3342- Camrose RCMP victimservices@camrose.ca

Freedom of Information and Protection of Privacy Act/Personal Information Protection Act Camrose & District Victim Services Society - "Lucy" Victim Services Dog Program Consent Form

Participants Name:	
Please read carefully, sign and complete the consent section. participants under 18 must have a parent or guardian sign the consent form.	
The Freedom of Information and Protection of Privacy Act/Personal Information Protection Act requires consent be obtained for collection and use of personal information.	s that
Collected information from participant registration will be used for Camrose & District Victim Services reports and media. All information collected from or pertaining to the participant will be/can be used fo purpose of advertising and promotion for Camrose & District Victim Services Society. Should a parent/participant have a concern with the release of and or publication of their name, age and participation therefore appropriate section below and the information will be modified for publication. All participants or the representative must sign a copy of this form.	r the /guardian on n please sig
Standard activities include, but are not limited to: individual and group photos videos participants name, age and gender (this is not typical of events) activities that the participants has participated in.	
Please indicate your consent to enable Camrose & District Victim Services Society to use information frontivities by signing ONLY one – A or B.	om these
A) I hereby consent to the collection and use of information (as outlined above).	
Signature or Parent/Guardian Signature Date	
B) I hereby consent to the collection and use of the information (as outlined above). EXCEPT for following items:	the
Signature or Parent/Guardian Signature Date	