



MODEL CONSENT FORM

RETURN by email at info@canadaid.ca or fax to 403-275-1668
or by mail to 7171-107 Avenue SE Calgary, AB T2C 5N6

I, _____
FIRST NAME LAST NAME

understand I have been recorded on video or photographed by or on behalf of Canadian Cattle Identification Agency (CCIA). The footage/images may be used in education materials or for the promotion of industry or product.

I hold no right to charge for my appearance in CCIA-produced communications materials and give consent to the organization's use of this footage at CCIA's discretion.

I hereby consent to CCIA's use and disclosure of this footage or images for the purposes stated above.

Model: _____
FIRST NAME LAST NAME

AUTHORIZING SIGNATURE OF MODEL, if > 18 years old DATE

AUTHORIZING SIGNATURE OF PARENT OR GUARDIAN, if model < 18 years DATE

By submitting this form, I **certify**, to the best of my knowledge and ability, that the information provided on this form is complete, true and correct. I **consent** to the use and disclosure of the information provided on this form by Canadian Cattle Identification Agency for the purposes indicated on this form; to update my Canadian Livestock Tracking System database account; to contact me to either confirm the information I have provided; for follow up; and/or for regulatory reporting required under Part XV of the *Health of Animals Regulations* (C.R.C., c.296) or reporting to the relevant authorities; where required. I **acknowledge** that any other information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the confidentiality and disclosure provisions of applicable privacy legislation.