



Fern Flower - Nature School
Location: 3827 Charlton Dr, Qualicum Beach, BC V9K1Z3
Phone Number: 250-299-2054
E-mail: fernfloweratureschool@gmail.com

Photo & Video Consent Form

PART 1: The Child(ren)

I/We, the undersigned, give permission to Fern Flower Nature School, and/or parties designated by Fern Flower Nature School to photograph/video my/our child(ren) and use such photograph(s)/video(s) in all forms of media, including the internet*, for any and all promotional purposes including coursework and evaluation, advertising, display, audiovisual, exhibition or editorial use.

Photos/video with my/our child(ren)'s face(s) in plain view: _____ (initial)

or

Photos/video with my/our child(ren)'s face(s) NOT in view: _____ (initial)

I/We further consent to the use of my/our child(ren)'s name(s) in connection with the photograph(s)/video(s) if needed by Fern Flower Nature School and/or parties designated by Fern Flower Nature School.

My/Our child(ren)'s first name(s) may be used: _____ (initial)

or

A pseudonym for my/our child(ren) (i.e. first initial) may be used: _____ (initial)

I/We understand and agree that I/we will not receive any payment for my/our child(ren)'s time or expenses or any royalty for the publication of the photograph(s)/video(s) or the use of his/her/their name(s) and I/we hereby release Fern Flower Nature School and/or any parties designated by Fern Flower Nature School from any such claims.

I/We certify that I/we have read and fully understand this consent and release and that all questions pertaining to this consent have been answered to my/our satisfaction.

Name of Child/Children: _____

Date: _____

Parent/Guardian Print name clearly: _____

Signature of Parent/Guardian: _____

PART 2: The Accompanying Adult(s)



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I/We, the undersigned, give permission to Fern Flower - Nature School, and/or parties designated by Fern Flower - Nature School to photograph/video me and use such photograph(s)/video(s) in all forms of media, including the internet*, for any and all promotional purposes including coursework and evaluation, advertising, display, audiovisual, exhibition or editorial use.

Photos/video with my face in plain view: _____ (initial)

Or

Photos/video with my face NOT in view: _____ (initial)

I further consent to the use of my name in connection with the photograph(s)/video(s) if needed by Fern Flower - Nature School and/or parties designated by Fern Flower - Nature School.

My first name may be used: _____ (initial)

or

A pseudonym for me (i.e. first initial only) may be used: _____ (initial)

I understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s)/video(s) or the use of my name and I hereby release Fern Flower - Nature School and/or any parties designated by Fern Flower - Nature School from any such claims.

I certify that I have read and fully understand this consent and release and that all questions pertaining to this consent have been answered to my satisfaction.

Name of Child/Children: _____

Date: _____

Parent/Guardian Print name clearly: _____

Signature of Parent/Guardian: _____

** Please note that where consent is given to share images on the internet, they can be viewed worldwide including in countries where Canadian data protection law does not apply.*

** At Fern Flower - Nature School, we regularly post photo and video updates on our social media channels to showcase our activities. Please be aware that while your child's body may be visible in these posts, no faces will be shown, or faces will be blurred to protect privacy.*



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PART 3: Video Camera Usage at Fern Flower – Nature School

I/We, hereby grant consent for video recording to take place at Fern Flower - Nature School for the purpose of ensuring the safety and security of children, staff, and visitors. I understand and accept the policies and guidelines outlined in the "Video Camera Usage Policy" provided by Fern Flower - Nature School.

Agreement Details:

_____ I understand that video cameras have been strategically placed in common areas, entrances, and outdoor play areas of Fern Flower - Nature School, and they are used solely for security, safety, and operational purposes.

_____ I acknowledge that access to video footage is restricted to the Director and designated staff members responsible for monitoring and maintaining the surveillance system. I will not have access to the video footage for any reason.

_____ I am aware that video footage will be stored securely and retained for a maximum of three (3) months, after which it will be automatically erased. The Director may extend this retention period as necessary in the event of an ongoing investigation or legal matter, while following legal requirements.

_____ I have been informed of the presence of video cameras within the Nature School facility and have read, understood, and agreed to the terms outlined in the Nature School's "Video Camera Usage Policy."

_____ I understand that Fern Flower - Nature School is committed to using video cameras responsibly and solely for the safety and security of all individuals at the facility. I acknowledge the Nature School's compliance with all applicable local, state, and federal laws and regulations regarding video camera usage and data privacy.

_____ I agree to bring any concerns or complaints regarding video camera usage to the Director, who will address them promptly and transparently.

By signing below, I acknowledge and agree to the terms and conditions outlined in this Video Recording Consent Agreement.

Name of Child/Children: _____

Date: _____

Parent/Guardian Print name clearly: _____

Signature of Parent/Guardian: _____

This signed agreement serves as an indication of my informed consent and understanding of the Nature School's video recording practices. I have had the opportunity to ask questions and seek clarification regarding these practices before signing this agreement.