



association of family  
health teams of ontario

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## Photo Statement of Attestation

### PLEASE READ CAREFULLY:

I attest that I have the express permission from the persons depicted in the attached photo(s) to release the photo(s) to the Association of Family Health Teams of Ontario (AFHTO) for the stated use(s) below:

- The right to display the photo(s) as part of the “Bright Light” Awards Program. The photo(s) will be included in a video or slideshow for participants in the room and to be posted on the web.
  
- The right to publish the photo(s) to the AFHTO website, in publications and in PR/promotional materials, such as marketing and advertising. These images may appear in any of the wide variety of formats now available to AFHTO and that may be available in the future, including -- but not limited to – print, broadcast, videotape, and electronic/online media.

Name (printed): \_\_\_\_\_

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

Date of Agreement: \_\_\_\_\_