



association of family  
health teams of ontario

60 St. Clair Avenue East, Suite 800, Toronto, ON, M4T 1N5

## Photo Statement of Attestation

### PLEASE READ CAREFULLY

Please send the **completed, signed form** via email along with your photograph to [improve@afhto.ca](mailto:improve@afhto.ca). **One form per photo** is required. The person signing the form must have permission to share the photo from everyone who is in it.

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 include the photo in an eBulletin email. This email goes out to AFHTO members and non-members.

The right to publish the photo(s) to the AFHTO website.

The right to publish the photo(s) in publications and in PR/promotional materials. These images may appear in any of the formats now available to AFHTO and those that may be available in the future, including – but not limited to – print, broadcast, videotape, CD-ROM and electronic/online media.

Name (printed):

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Signature:

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Date:

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