



Therapeutic Touch Network of Ontario

How to Use the Media & Testimonial Release Form

The media release forms are designed to be used for all events where photos or video footage are taken to be used by The Therapeutic Touch Network of Ontario for their publications or website. The testimonial form follows the media release forms. Testimonials are posted on our website.

A. MEDIA

1. If children or adults under guardianship are to be filmed, then the full media release form is required to be completed (following page).
2. For Health Fairs, Retreats and Professional Development Days, i.e., all events where there will be more than one person appearing in the videos or photos, then you may use the multiple release form (third page of this document).
 - The age of majority in Ontario is 18 years. If adults are in attendance then the multiple release form may be used.
 - Print the number of multiple release forms that you require. There is space for 20 signatures on the multiple release form.
 - Write in the name of the event and date in the space provided at the top of each release form.
 - Have all participants sign the release form as they register for the event. Make note of anyone who does not want to be included in any photos or video footage.
3. Once the event is over, scan the release forms in one document and save as a .pdf file.
4. Go over your photos and choose the best.
5. Email the release form file, along with the photos or video footage, to the TTNO office at memberships@ttno.ca. You may cc. them to me at adcooke@xplornet.com.
6. If you are unable to scan the release forms, then mail them in to the TTNO office at

The Therapeutic Touch Network of Ontario,
10 Four Seasons Place, Suite 1000
Toronto, Ontario M9B 6H7

*Thank you for helping to make our website and **inTouch** the best they can be!*

TIPS FOR TAKING PICTURES:

1. For Therapeutic Touch® sessions, posed pictures are actually best, taken at a break time so that you don't disturb the participants during the session.
2. At health fairs and in situations where you don't want the face to show, take the photo from behind the client and facing the practitioner.
3. At all events, try to take lots of candid pictures of participants having fun!

B. TESTIMONIALS The testimonial permission form is found following the single signature media release form at the end of this document. Mail or scan and email to the TTNO office at memberships@ttno.ca.



Event _____ Date _____

I hereby grant to THE THERAPEUTIC TOUCH NETWORK OF ONTARIO (TTNO) and those authorized on its behalf the right to use images of my person, house, business or other premises, material for purposes that may include the production of promotional or educational material for the advancement of Therapeutic Touch® in **any medium, electronic or print**. Please email a copy of this form, with your photos, to memberships@ttno.ca.

PRINT NAME	SIGNATURE	DATE	PLEASE CHECK CONSENTS THAT APPLY		
			PHOTO	VIDEO	AUDIO



Therapeutic Touch Network of Ontario

Media & Testimonial Release Form – Single Signature

I hereby grant to THE THERAPEUTIC TOUCH NETWORK OF ONTARIO (TTNO) and those authorized on its behalf the right to use images of my person, house, business or other premises, material for purposes that may include the production of promotional or educational material for the advancement of Therapeutic Touch® in any medium, electronic or print.

CHILDREN: I am the parent or guardian of the minor child listed on this form that is under the age of eighteen (18) years and I agree that this writing binds me and the aforesaid minor child.

ADULTS REQUIRING GUARDIANSHIP: I am the parent or guardian of the adult requiring guardianship listed on this form and I agree that this writing binds me and the aforesaid adult.

AUTHORITY: Personal information that is collected by The Therapeutic Touch Network of Ontario is subject to the Personal Information Protection and Electronics Documents Act (PIPEDA). It may also be used by the TTNO and partners to produce educational or other publications for the promotion of Therapeutic Touch. Questions about the collection should be directed to the Therapeutic Touch Network of Ontario privacy officer at the TTNO office 416-649-5885 or memberships@ttno.ca.

Please email the signed form to memberships@ttno.ca.

Name (please print) _____ Names of Children (under 18) _____

Names of Adults under Guardianship _____

Address _____ City _____ Postal Code _____

Event where images taken, e.g., Professional Development Day, Retreat: _____

Event Date (format year-month-day) e.g., 2014-03-31: _____ to _____

Event Location _____

Please check the correct description of your image material: videos Photos

I acknowledge that I have read and understand the terms and conditions described on this waiver.

Date _____

Signature _____

Testimonial Permission on next page.



TESTIMONIAL PERMISSION FORM

I give my permission to The Therapeutic Touch Network of Ontario (TTNO) to use the testimonial provided on this page for the production of promotional or educational material for the advancement of Therapeutic Touch® in any medium, electronic or print.

Date _____ Signature _____

I further agree to allow the TTNO to use my testimonial stating (please choose one):

- My full name and city where I reside
My full name only
My initials and city where I reside
My initials only

Please print: First Name _____ Last Name _____

Date _____ Signature _____

City _____ Province/State _____

Country _____ Email _____

Testimonial:

Multiple horizontal lines for writing a testimonial.

PLEASE RETURN TO:
The TTNO
10 Four Seasons Place
Suite 1000
Toronto, ON, M9B 6H7

OR

FILL IN AND EMAIL TO:
memberships@ttno.ca