



### **Consent form**

(Permission to obtain social media photos and videos for Reignite Health (PTY) LTD)

I, \_\_\_\_\_,

- Give permission to Reignite Health (PTY) LTD to have my pictures posted on all of their social media platforms only (WhatsApp, Instagram, Facebook, YouTube, LinkedIn, Tik Tok, etc)
- Understand that the pictures taken will not be seen as harmful to me or the people who see them
- Understand that I may disagree to have my pictures posted at any time, and that I may request for any pictures to be taken down whenever I see fit
- Understand that pictures taken will portray the values of Reignite Health (PTY) LTD
- Understand that pictures taken have to do with the services offered by Reignite Health (PTY) LTD, including any fundraising events they do to promote their services
- Understand that any picture of a minor, i.e. under the age of 12, will not be uploaded online by Reignite Health (PTY) LTD without my written consent
- I confirm that I am an adult and of sound mind to consent to pictures being taken for myself/the dependent

I hereby agree that I understand the above and that I was not forced to consent to this. I also agree that all questions regarding the consent form have been answered/clarified.

\_\_\_\_\_  
Signature (parent/guardian if patient is under 12)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reignite health authorised signatory

\_\_\_\_\_  
Date