



Bonicare Training Institute Consent Form

I,, hereby grant Bonicare Training Institute permission to use my image, audio recordings, and other materials (hereinafter referred to as "Materials") for the purpose of advertising and promoting the school.

1. Image Release:

I authorize Bonicare Training Institute to use photographs and/or videos of me in my capacity as an employee or external workforce member at the institute. These images may be used in various promotional materials, including but not limited to brochures, flyers, the institute's website, social media, and other advertising channels.

2. Audio Release:

I grant Bonicare Training Institute the right to record my voice and use these audio recordings in promotional materials, including radio advertisements, podcasts, and videos.

3. Materials Release:

I agree to provide Bonicare Training Institute with any academic or teaching materials I produce during my tenure or engagement with the institute (e.g., lesson plans, educational content). I understand that the institute may use these materials for promotional purposes, such as showcasing educational achievements.

4. Duration of Consent:

This consent is valid for the duration of my employment or engagement with Bonicare Training Institute and may continue to apply after my departure or completion of the engagement for the purpose of maintaining historical records.



Homecare Services

5. Revocation of Consent:

I understand that I have the right to revoke this consent in writing at any time, and upon receipt of such written notice, Bonicare Training Institute will cease using my Materials for promotional purposes. However, the institute may retain and continue to use materials created before the revocation.

6. Compensation:

I acknowledge that I will not receive compensation, financial or otherwise, for the use of my Materials in promotional activities by Bonicare Training Institute.

7. Privacy:

I understand that Bonicare Training Institute will make reasonable efforts to protect my privacy and use the Materials in a respectful manner.

Please Check one;

- Employee
 External Workforce

Full Name: _____

Signature: _____

Date: _____