

Subject: Consent form 2024-2025

I, Mr./Mrs./Ms., _____, am member of ALEDIA.

- I accept.
 I do not accept.

to have my photo taken or filmed by ALEDIA staff during outings or activities carried out inside or outside ALEDIA.

- I accept.
 I do not accept.

that ALEDIA distributes my photos taken during ALEDIA activities or outings in the ALEDIA activity report, the newspaper L'Éclairie, during public events such as brunch, or as part of the SQDI on the website (www.aledia1959.com) and as well as on the organization's social networks and to use my photos within the restricted framework of the activities it organizes.

I have been informed by ALEDIA members that I can withdraw my consent at any time without notice.

Date: _____

Signature of user and/or representative: _____

Name of signatory: _____