

CONSENT FORM TO PUBLISH STORY

I, _____(insert full name), hereby grant permission to BC Brain Injury Association (BCBIA) to publish my personal story on their website, www.brainstreams.ca. I understand and agree that the story may be edited for clarity or brevity, but the meaning and content of my story will not be changed without my consent.

I understand that my story will be published on the www.brainstreams.ca and may be shared on social media or other platforms. I understand that my name and other personal information may be included in the story, and I consent to the publication of this information.

I understand that the story may be viewed by anyone with access to the website or social media platforms where it is shared. I understand that once the story is published, I will not have control over its dissemination and use.

I confirm that I am the author of this story, and that I have not copied it from any other source. I understand that if any part of my story is found to be plagiarized or infringing on someone else's intellectual property, I will be held solely responsible for any legal action that may result.

I understand that I have the right to withdraw my consent at any time, and that if I choose to do so, BC Brain Injury Association (BCBIA) will remove my story from their website, www.brainstreams.ca and any other platform where it has been shared.

I understand I will not receive monetary compensation for the publication of my story.

I have read and understand the terms of this consent form, and I agree to them.

This consent form may be signed, scanned, and emailed to info@brainstreams.ca. Authors may also digitally sign the consent form and return by email.

Name:

Telephone number:

Email:

Signed: _____ (full name)

Date: _____