CIICA – Parents or Legal Guardian Story: Consent and Release Form

Thank you for sharing your Story. Please read the information below and confirm your consent

By signing this form, you confirm that:

- You agree to share your written story with CIICA.
- CIICA may edit the story only for clarity, readability, or length, without changing your meaning.
- CIICA reserves the right to review, edit (without changing essential meaning) and select the final stories to appear on the CIICA website and /or communication materials.
- You give permission for CIICA to use the images you provide.
- You confirm that you have the right to share these images and that everyone shown in the images has given permission.
- You agree that CIICA may use your story and images on the CIICA website and network, in CIICA communication materials, presentations, in reports or publications produced by CIICA, in Advocacy or Awareness activities connected to cochlear implantation and hearing care.
- You may ask CIICA to stop using your story in future materials at any time by contacting **info@ciicanet.org**.
- This will not affect materials already published.

PLEASE NOTE: CIICA reserves the right to review, edit (without changing essential meaning) and select the final stories to appear on the CIICA website and /or communication materials.

Your Name and Surname: _____

Relationship to Child in Story: _____

Email: _____

Country: _____

Child's current age: _____

Child's age at implantation, if Implanted: _____

Consent Statement

☐ **I confirm that I have read and understood this form.**

☐ **I give consent for CIICA to use my story and any images I provide as described above.**

Signature: _____

Date: _____