



**\*To replace the photo above with your own, please click on it, and select “Change Picture” in the Picture Tools/Format menu. Please ensure that anyone pictured has given their informed consent, and signed the “Consent and Release Form” that follows this reporting document.**

# **MUSIC HEALS**

**2018 Stewardship Report**  
**Facility Name:**  
**Program Name (if applicable):**

Thank you for completing this stewardship report. The information that you provide is essential to our ability to fundraise for valuable music therapy programs like yours. Please note that all information is required unless otherwise noted. Should you have any questions about this report, please contact [chris@musicheals.ca](mailto:chris@musicheals.ca).





## **OBSERVATIONS & FEEDBACK**

1. Please describe the **successes or challenges** you experienced while providing your program.
2. Moving forward, what are your **recommendations** for this project? If you were to apply for and receive funding from Music Heals next year, is there anything that you would do different?
3. Please share with us a **story/stories** from your program. Please ensure that any clients specifically referenced have given their informed consent, and have signed the **Consent and Release Form** that follows this reporting document. Music Heals respects the sensitivity of the intimate moments that may be captured, and strives to treat them in a sensitive manner.
4. Please provide a **quote from the head of the facility** (administrator, CEO), or similar position, about the impact this grant had on the program/clients.

5. If available, please provide **quotes/testimonials** from your clients and/or their families. Again, please ensure that any clients specifically referenced have given their informed consent, and have signed the **Consent and Release Form** that follows this reporting document. (optional)

#### **ADDITIONAL INFORMATION:**

1. Is there any additional information that you'd like to share with us? (optional)

#### **ATTACHMENTS**

Please provide the following attachments:

- Financial statement**, or letter from foundation, demonstrating how the funding from Music Heals was spent (REQUIRED)
- Program photos (APPRECIATED & OPTIONAL)
- Consent forms (see following page) for anyone featured in media in any form. Print off as many as needed (REQUIRED IF PHOTOS/MEDIA ARE PROVIDED)

**Please return this completed report by email to [chris@musicheals.ca](mailto:chris@musicheals.ca) or mail it to:  
Music Heals, Suite 301 – 2245 West Broadway, Vancouver, BC V6K 2E4**



**Consent and Release Form**

**MUSIC HEALS CHARITABLE FOUNDATION** (“Music Heals”) brings awareness to the healing powers of music and raises funds for music therapy programs. We simply cannot do this without the assistance of those who benefit from our efforts by allowing us to share their stories with images. Music Heals respects the sensitivity of the intimate moments that may sometimes be captured and strives to treat them in a mindful manner.

**CONSENT**

For valuable consideration, the receipt of which is hereby acknowledged, I, the undersigned, grant to Music Heals the irrevocable right and permission throughout the world to use in perpetuity, my biographical information, image, likeness and performance as recorded on or about the date below, in photographs, filmed footage and audio recordings (together, the “Materials”), **BUT ONLY FOR THE ADVERTISING, PUBLICITY AND PROMOTION OF MUSIC HEALS.**

The Materials may be used for that purpose however Music Heals deems appropriate in any and all manner and media now known or hereafter devised including but not limited to social media channels, websites, newsletters, printed publications, informational videos, and press releases operated by Music Heals or its partners.

**RELEASE**

I waive all rights (including but not limited to copyright or moral rights) with respect to the Materials under copyright or other intellectual property laws. I also waive any right to inspect or pre-approve the use of the Materials.

So long as the Materials are used according to the terms of this Agreement, I release and discharge Music Heals and any of its directors, officers, agents, employees or affiliated companies from all other claims of any kind with respect to the reproduction or use of the Materials.

\* \* \*

**IF I AM THE PHOTOGRAPHER, I GRANT MUSIC HEALS OWNERSHIP OF THE MATERIALS THAT I CAPTURE.**

**We request your signature to permit us to use the images taken of you.**

_____	Date of Shoot: _____
Print Name: _____	Date Signed: _____
_____	For Office Use Only
Signature of Name or of Legal Representative: _____	
_____	
Name of Legal Representative _____	

If the subject of the Materials is under the age of 19 or lacks legal capacity to sign on their own behalf, the signature of their representative is required that the representative also agrees to indemnify Music Heals for any claim made by or on behalf of the subject in relation to the reproduction or use of the Materials