

COVID Lessons – Kid2Kid Submission Consent Form

Contact Information:

Contact Name	Date	
Parent/Legal Guardian Name (if under 18)	How do you wish to get your Tim's Card? <input type="checkbox"/> Email <input type="checkbox"/> By Mail	
Email Address:		
Home Address (only required if you wish to get your Tim's Card by mail):		
Street Number	Street Name	Unit/Apt #
City	Province	Postal Code

PLEASE READ THE FOLLOWING AND SIGN BELOW IF YOU WISH TO PARTICIPATE AND PROVIDE A SUBMISSION.

I authorize The Hills of Headwaters Collaborative Ontario Health Team Children and Youth Mental Health and Addictions Sub-Committee the right and permission to copyright and/or publish, reproduce or otherwise use my attached submission which may include my name, voice, and likeness in video, photographs, written materials, and audio-visual recordings. I acknowledge and understand these materials about or of me will be used for non-commercial purposes.

I understand that the submission may be edited, copied, exhibited, published and/or distributed. I also understand this material may be used individually or in conjunction with other media in any medium, including without limitation to print publications, digital/social media publications, and/or public broadcast for any lawful purpose. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I understand that Hills of Headwater Children and Youth Mental Health and Addictions Sub-Committee can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental) and by choosing to submit my submission I am accepting all risk from participating in this project.

I hereby certify that I am over eighteen years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age, my parents or legal guardians have read this document and have given their consent by electronic confirmation below.

I acknowledge that I have completely read and fully understand the above consent and release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for marketing, educational, promotional, and/or any other lawful purpose whatsoever.

I have read the informed consent information. I agree and give permission for the use of this submission.

Contact Signature:	Date:
Parent/Legal Guardian Signature (if under 18):	Date: