



Region of Waterloo

Consent Form

This form is to be completed in accordance with the following instructions before it can be signed.

I, _____, allow The Region of Waterloo and the
(print or type full name) Community Garden Council to use the following personal information:

check off all appropriate boxes (a to h)

- a) my name
- b) a description of my occupation, including my business title
- c) a photograph of me
- d) a videotape, an electronic or other image of me
- e) a recording of my voice
- f) a quotation or summary of my opinion that I expressed orally on _____
date
- g) quotation or summary of my opinion that I expressed in writing, including in an electronic medium on _____
date
- h) other - *specify* _____

for the uses described below, and for no other purpose:

check off all appropriate boxes (a to h)

- a) television advertising – *describe purpose of television advertisement e.g. what government service or program does it promote?*

- b) radio advertising - *describe purpose of radio advertisement e.g. what government service or program does it promote?*

- c) newspaper advertising - *describe purpose of newspaper advertisement e.g. what government service or program does it promote?*

- d) advertising in another medium – *describe medium and purpose of the advertisement e.g. what government service or program does it promote?*

continued...

e) publication sent to some or all households or businesses – *list name of publication and which households or businesses are to receive it*

f) training video – *list name of training video and for what purpose it is to be produced*

g) communications materials (e.g. speeches, news releases, backgrounders) that may be released to the media

h) other - *specify* _____

Personal information collected pursuant to, and on this form, will be used for purposes described on this form and could also be used for educational, promotional or other purposes as it deems appropriate, without compensation to me. The Region holds full ownership in any and all photographic images.

I acknowledge that the personal information referred to above was provided freely and voluntarily. I have read this form after it was completed and I understand its contents. I waive the right to any fee or compensation for either the photographic sitting or the use or reproduction in any medium. I hereby give my consent as follows:

Signatures are to be affixed in the appropriate space provided below:

To be signed by the individual named above where he or she is eighteen (18) years of age or over:

Signature

Print Name

Date

To be signed by the parents or legally appointed guardians of individuals under the age of eighteen (18):

Signature

Print Name

Date

To be signed by the legally appointed guardians of individuals who cannot provide their informed consent:

Signature

Print Name

Date

