



## Consent for Image/Video Release

Name: \_\_\_\_\_ School: \_\_\_\_\_

I hereby consent to Science Olympics Simcoe/Muskoka, its sponsors, agents, successors and assigns including Youth Science Ontario (collectively the "Corporations") using, storing, retrieving, duplicating or reproducing (i) my name; (ii) my school; (iii) photographs, artwork or videos in which I appear; and (vi) recordings made of my voice, in any media or territory, for purposes of recognition, illustration, promotion or publication.

Specific intended uses for the material described above include, but are not limited to: Youth Science Ontario, Science Olympics Simcoe/Muskoka administration and Lakehead University; media releases; publicity, including YSO, SOS/M and Lakehead University websites; sponsor promotion.

In accordance with the above, choose one of the following release options:

☐ I hereby authorize Science Olympics Simcoe/Muskoka to release the following personal contact information to accredited media contacts for interviews associated with my participation in Science Olympics Simcoe/Muskoka. Please note that you may be back at home when interview requests are made.

Homephone/Cell/Email (provide one): \_\_\_\_\_

☐ I do not wish to be contacted directly by media. Please inform me of media opportunities and I will initiate the contact. (Note that the delay inherent in this process may eliminate some or all media/interview opportunities.)

I agree that, except as specified in the preceding paragraphs, all personal information collected through Science Olympics Simcoe/Muskoka shall be used only by the Corporations for the administration of the Science Olympics program and that this information will not be released without my express written permission.

I hereby waive and release the Corporations from and against all claims which I or my successors have or may have, arising out of such use, storage, retrieval, duplication or reproduction more fully described in the above paragraphs, including but not being limited to invasion of privacy, infringement of copyright or moral rights, or defamation. I acknowledge that no remuneration will be paid to me at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to organizing committee member before events commence**