

# Testimonial Consent and Release

## CWRG Program

The personal information referred to in this form is collected by His Majesty the King in right of the Province of British Columbia (the "Province") as represented by the Minister of Post-Secondary Education and Future Skills ("PSFS") under the authority of Sections 26 (c) and (e) of the British Columbia Freedom of Information and Protection of Privacy Act. Your personal information will be used by PSFS, PSFS's service providers, and associates of those service providers in relation to the provision, administration, and promotion of training programs funded by the Province and/or the Government of Canada through the Canada - British Columbia Workforce Development Agreement (the "Training"). If you have any questions about the collection of your personal information, please contact: Director, Community Transitions, P.O. Box 9881 Stn. Prov Govt, Victoria, B.C. V8W 9T6 ([kelly.compton@gov.bc.ca](mailto:kelly.compton@gov.bc.ca)).

### Consent

Effective from the date that I complete and submit this form to PSFS until such time as I inform PSFS that I have revoked my consent, I hereby consent to PSFS's disclosure of my personal information, *as specified below*, to the general public inside or outside of Canada, including by way of the Internet, for the purpose of publicizing or promoting the Training, whether in brochures, newsletters, fact sheets, news articles, posters, audio or visual materials, on internal or external websites, or in any other format or medium.

I understand that "personal information" in this context includes: my name, photo(s) and/or video(s) of me, and any testimonials and/or "success stories" about me in relation to my participation in the Training, including any outcomes resulting directly or indirectly from my participation in the Training.

My consent is subject only to the following restrictions (**check any that apply**):

#### *Use of Name:*

- ☐ Identify me using my first name only
- ☐ Identify me using my initials only
- ☐ Do not identify me at all

#### *Use of Photos / Videos:*

- ☐ Exclude photos of me
- ☐ Exclude videos of me

*If the subject of the Photographs/Videos/Testimonials is a person under the age of 19, whose name is [Print] \_\_\_\_\_ (the "Minor"), I represent and warrant that I am at least 19 years of age and I have the authority to, and I do hereby, agree in conjunction with or for and on behalf of the Minor, as well as myself, to all of the terms and conditions contained in this Consent and Release.*

**I ACKNOWLEDGE AND AGREE THAT TYPING MY NAME BELOW OR INSERTING ANOTHER FORM OF ELECTRONIC SIGNATURE HAS THE SAME LEGAL EFFECT AS EXECUTING THIS AGREEMENT UNDER A HAND-WRITTEN SIGNATURE.**

**SIGNED AND DELIVERED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Minor