**CONSENT FOR USE OF PERSONAL INFORMATION, COMMUNICATION AND MEDIA RELEASE**

This must be completed by all program participants over the age of 18, or by the parents / legal guardians of participants aged 18 or under. Please read and complete the information presented below.

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I hereby grant to I∙SPARC, or its affiliated bodies the right to use, without payment of any fee or charge, any written information (excluding information contained on a Medical Form), photograph, video, or other visual media of myself / my child, taken during the program activities for the purpose of furthering I∙SPARC objectives.
2. Furthermore, I grant permission to I∙SPARC, or its affiliated bodies to photograph and / or record my / my child’s image and / or voice on still or motion picture film and / or audio recording, and to use this material to promote I∙SPARC and I∙SPARC programs and activities through the media of newsletters, websites, television, film, radio, print and / or display form.
3. I understand and agree that while participating in or attending any online training session or video conference or meeting hosted by I∙SPARC, or its affiliated bodies, my / my child’s image, likeness and live video feed (if available) will be distributed to other individuals participating in the session or video conference.
4. If the session is recorded with my knowledge, I agree that my / my child’s attendance and / or participation in the session constitutes my agreement that the session may be distributed for the purposes explained prior to me / my child attending the session and that I / my child waive any claim to remuneration for use of my / my child’s image, voice, or written comments.
5. I understand that I∙SPARC and its affiliated bodies respect the privacy and personal information of all participants and that they will collect a limited amount of personal information for the purpose of carrying out their responsibilities as a facilitator of sport, recreation and physical activity programs.
6. I consent to the collection of this information and its use by I∙SPARC, or its affiliated bodies, for the purposes related to various events / programs throughout the year and to communicate to me about future events and activities.
7. I consent that my name, address and results may be provided to the Minister Responsible for Sport and / or to members of the Legislative Assembly and / or to local Members of Parliament and / or the media for the purpose of recognition.
8. I understand that I / my child may withdraw such consent at any time by contacting I∙SPARC directly.

Parent / Legal Guardian E-Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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