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|  | 800 Bay Street, Fifth Floor / 800 rue Bay, 5e étage, Toronto, ON, M5S 3A9  416.963.4927 • 1.800.263.2887 • Fax / Télécopieur 416.963.8781 • TTY / ATS 416.963.7905 www.otf.ca |

Release and Authorization

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, the undersigned, hereby grant the Ontario Trillium Foundation (OTF) the perpetual right to use and publish the following*(check applicable boxes)*:

 My name

 A description of me, including my occupation/business and association with a particular organization.

 Video recording (with audio) captured by OTF or provided by me to OTF on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Still image captured by OTF or provided by me to OTF on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Audio captured by OTF or provided by me to OTF on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 A quotation or summary of my statements that was expressed by me to OTF or its representatives   
on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In particular, I grant OTF and its agents the perpetual and non-exclusive right to modify, use and publish any of the above alone or with other images and materials, and I waive any right to inspect or approve the finished communications. I understand and agree that I will receive no monetary compensation for such use.

I release and agree to save harmless OTF and its directors, officers, employees, agents, and representatives from any liability by virtue of any editing or alteration or use in composite form whether intentional or otherwise, that may arise their use of such materials.

I have read the above release and authorization, prior to signing below, and I fully understand its contents. This release and authorization shall be binding upon me and my heirs, legal representatives and assigns.

ACCEPTED AND AGREED TO BY:

|  |  |
| --- | --- |
| Signature | |
| Name | |
| Date | Date |
| Address and Telephone Number | |
| *If providing the above authorization and release on behalf of an individual under the age of 18*  Name of Minor | |
| I hereby certify that I am the parent or guardian of the above minor. | |

Personal information collected pursuant to this form is collected in compliance with the *Freedom of Information and Protection of Privacy Act.* The information will be used for purposes described on this form and as otherwise permitted by law. If you have any questions, please contact communications@otf.ca at 416-963-4927 or 1-800-263-2887.

*January 2021*