WESTON YOUTH INNOVATION AWARD

2011 Weston Youth Innovation Award
CONSENT FORM

The Centennial Centre of Science and Technology a.k.a. the Ontario Science Centre ("OSC") is inviting you to enter the 2011 Weston Youth Innovation Award ("Award").

I, _____, the entrant, in consideration of being permitted to participate in the Award, hereby acknowledge and agree as follows:

1. I have received, read and understand the Award Rules and Regulations ("Rules") as indicated at www.OntarioScienceCentre.ca/innovationaward/rules.asp

2. I agree to abide by the Rules.

3. I consent to the collection, use, disclosure and retention of my personal information (name, image, photograph, likeness, voice, city of residence and performance) in connection with the Award in accordance with the Rules.

4. I agree that all completed entry forms are the property of the OSC.

5. I hereby irrevocably grant to OSC, all rights whatsoever in and to the completed entry forms and any photographs made by the OSC at the Award presentation event, including but not limited to the rights described in the Rules, throughout the universe, in perpetuity, and in all media, formats, now or hereafter devised.

6. I hereby irrevocably waive any and all rights, including moral rights to all photographs and recordings of me at the Award presentation event, or the use of my name and city of residence in connection with the same.

7. I hereby agree to release, discharge and indemnify the OSC and their respective officers, appointees, employees, agents from any and all claims, expenses, demands, actions, causes of action and for any and all liability howsoever caused and by whomever caused, including for third party bodily injury (including death), personal injury, property damage, libel, defamation, invasion of privacy, and infringement of copyright, arising out of, but not limited to, the Award, my participation in the Award, the use, modification, adaptation, translation, collection, disclosure or any other use of the photographs and of me, use of the prizes, or the consents given by me under this consent form.

8. I agree that the OSC's use of my name, image, photograph, likeness, voice, city of residence, and performance as provided under this consent form is done without any payment to me.

9. Any release or waiver in this consent form shall be binding on my heirs, executors, administrators and assigns.

❊ ❊ ❊

Name: _____
First Name Initial Last Name

Date of Birth: _____
Day(oo) / Month(oo) / Year(oooo)

Address: _____
Street (Apartment) City Province Postal Code

Email: _____

Phone: _____

(a) For individuals eighteen (18) years of age and over:

I am 18 years of age or over. I am a resident of Canada. I have read the Rules, and this form after it was completed. I give this consent, release and waiver voluntarily and I understand and agree to be bound by its contents.

Signature _____

_____
Print Name Date

Witness _____

_____
Print Name Date

☐ Yes, I would like to receive information about activities, programs, promotions of the OSC.

Personal information is collected under the authority of the *Freedom of Information and Protection of Privacy Act*. The information collected will be used for the purpose of (a) administering and promoting the Award in accordance with the Rules, including notification of winners, and (b) sending information if consented to, as noted above. For more information, contact:

Manager, Weston Family Innovation Centre
The Ontario Science Centre
770 Don Mills Road Toronto, ON M3C 1T3
(416) 429-4100 • Email: WYIA@osc.on.ca

(b) To be signed by the parent or legal guardian of individuals under the age of eighteen (18) or the legal guardian of individuals who cannot provide informed consent, release and waiver:

I am the parent or legal guardian of the individual named to whom this form applies and for whom I am giving this consent, release and waiver. I have legal authority to represent and bind the individual named. The individual named is a resident of Canada. I have read the Rules and this form after it was completed. I give consent, release and waiver voluntarily on behalf of the individual named and I understand and agree to be bound by its contents.

Signature _____

_____
Print Name Date

Witness _____

_____
Print Name Date