

OLI YOUTH CONSENT FORM

This form is to be completed in accordance with the following instructions before it can be signed.

I, _____, allow Outside Looking In, to use/obtain records of:
(print or type student's full name)

- a) my name
- b) a description of me, including but not limited to my community involvement, etc.
- c) a photograph of me
- d) a videotape, an electronic or other image of me
- e) a recording of my voice
- f) a quotation or summary of my opinion that I expressed orally
- g) quotation or summary of my opinion that I expressed in writing, including in an electronic medium
- h) school/ academic grades for each course in which I am or have been enrolled, report cards and records of attendance
- i) high school transcript - to be sure that the OLI credit has been added to the student record

For the uses described below, and for no other purpose:

- a) advertising on television, radio, newspaper or other medium
- b) publication sent to some or all communities, corporate sponsors or donors
- c) training video & communications materials that may be released to the media
- d) Web, Internet, Intranet based communications materials
- e) participation in an event where representatives of the media (television, radio, newspaper, etc.) may be present. I acknowledge that my image, name, voice, etc. may be used by the media
- f) mini-documentaries in the OLI show
- g) tracking attendance, academics, and school records to check that program criteria is being met, results are being recorded, and to obtain baseline data and current trends

Personal information collected pursuant to this form is collected in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act*. The information will be used for purposes described on this form and for no other purpose. If you have any questions about the collection, use or disclosure of this personal information, contact:

Tracee Smith, 647 350 5450, info@olishow.com

By signing this form as indicated below, you also understand that the Youth Criminal Justice Act contains provisions which protect the privacy of young offenders, alleged young offenders, young persons who are victims of such offences, as well as young persons who may be witnesses to such offences. Under the Youth Criminal Justice Act, it is an offence to disclose the identity of these individuals, as well as information relating to the offences or alleged offences in which they are involved. Signing this form does not, in any way, permit the disclosure of such information.

I acknowledge that the personal information referred to above was provided freely and voluntarily.

By signing this form, I agree to release Outside Looking In and its employees from any claim or liability that may arise out of the use or disclosure of the information collected on this form.

I have read this form after it was completed and I understand its contents. I hereby give my consent as follows:

To be signed by the **individual named above** where he or she is **eighteen (18) years of age or over:**

_____ *Signature*
Print Name

_____ *Date*

To be signed by a **parent or legally appointed guardian** of individuals under the age of eighteen (18):

_____ *Signature*
Print Name

_____ *Date*