**Photograph, Video, Name and/or Quotation**

**Release Form**

I, the undersigned, hereby give permission to Alberta Innovates and InnoTech Alberta Inc. (collectively “**AI**”) to use my “personal information” (meaning my photograph, a video recording of me, my name or quotation) without any further compensation to me for the purposes set out below. I understand this personal information will be used in communications and other promotional items by and about **AI**, its programs, services, sponsorship and joint ventures, and that such personal information may be distributed to the public through a variety of means, including, but not limited to, printed and electronic communications, social media, and promotional videos and publications. All communications by **AI** where this personal information will appear shall constitute the property of **AI** and the Government of Alberta, solely and completely. Such use shall be considered use of my personal information for “internal purposes”.

I further understand that my personal information may be used by or disclosed to other public bodies, non-profit organizations and private companies for the purposes of promoting the province of Alberta generally and **AI** and its programs, services, sponsorships and joint ventures. Such use shall be considered use of my personal information for “external purposes.”

I waive all moral rights, claims and objections arising from the use of my personal information, worldwide and in perpetuity, in favour of the Government of Alberta, **AI**, its agents, employees, partners and contractors. I understand that this consent only applies to the personal information listed above, and that **AI** will not disclose any other personal information without my consent. I acknowledge that I can withdraw my consent to disclosure of my personal information for internal purposes and/or external purposes at any time by contacting the individual listed below. My personal information is being collected under the authority of the *Freedom of Information and Protection of Privacy Act* and is subject to the provisions of that Act. My consent allows for the collection, use and disclosure of my personal information only for the purposes described above. If I have questions regarding my consent or the use of my information, I can contact Rob Semeniuk at **AI** at 250 Karl Clark Road, Edmonton, AB T6N 1E4, telephone 780-450-5504, e-mail robert.semeniuk@albertainnovates.ca

I have the choice to provide my contact information if I wish to be contacted for future photos, videos, quotations or projects of this nature.

I understand that because my personal information will be available to the public in **AI** communications, it is not possible to consider an expiry date for this consent. Cancellation of my consent may only limit the use of my personal information in future or new publications.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date (month, day, year) Witness (name and signature)

Contact Information (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am under 18 years of age. My parent or guardian has given consent for me to participate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Name (Please Print) Parent/Guardian Signature

**Cancellation of Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, cancel this permission. I understand that some action may have been taken prior to cancellation of this consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dated Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Witness