

Technovation Ottawa Application

Application:
Date:
Name:
Email Address (Print Clearly):
Street Address (including City, Province, Postal Code):
Phone Number:
Alternate Phone Number:
High School: Grade Level:
Primary Language: English _ French _
Can you commit to attending class once per week for twelve weeks?
Parent or Guardian Signature (I have read the details of this program and will support my daughter's participation):
Name: Date:
Parent Comments:



RELEASE OF LIABILITY AND CONSENT

Effective Date:	//				
Between: Wome www.womenpo		O	Ontario Non-	-profit Organiza	tion
And					
			,		
Print Program Pai	ticipant's Full	Name			

Who will be further referred as "Program Participant"

Women Powering Technology, the non-profit which runs Technovation in Ottawa and other programs, may produce or participate in the production of video, motion picture, audio recording, web page, or still photograph productions, broadcasting, and/or publication which may involve the use of Program Participants' name, photo, likenesses, or voices. Such productions will be used for non-commercial educational, exhibition, promotional, advertising, or other purposes by Women Powering Technology and will not be sold to other school systems or educational professionals. Such productions may be copied, edited and distributed by Women Powering Technology in the manner described above.

I understand and consent that my and/or my child's name, photo, likeness, or voice may be used in the manner described above, and grant Women Powering Technology full rights to use and reuse, in any manner at all, the video, motion picture, audio recording, web page, or still photograph. I hereby grant this consent without limitation and waive any and all claims for invasion of privacy and libel. This release and consent shall insure to the benefits of assigns, licenses and legal representatives of Women Powering Technology as well as the party(ies) for whom Women Powering Technology took the video, motion picture, audio recording, web page or photograph, and the heirs and assigns of Program Participant.

The undersigned agrees and does hereby release from all liability and hold harmless Women Powering Technology and any of its employees or affiliates related to Women Powering Technology.

This liability release is for any and all liability and personal injuries including death and property loss or damage in connection with any activity or accommodation of Women Powering Technology.





The undersigned does hereby further agree to abide by all the rules and regulation that have been pre presented by Women Powering Technology.

This contract shall be governed by the laws of the Province of Ontario and any applicable Federal Law.

	Date
Participant's Signature *If over 18* OR Signature of Parent or	Guardian **If under 18**
Print Name	
Print Program Participant Name	