North Vancouver Island
Aboriginal Training Society

# Consent and Release Form

## Faxing from NVIATS

☐ This release is to inform any client using NVIATS fax machine that NVIATS is not responsible for any client's personal information being sent to an unintended third party, person or company. This release acknowledges that you, the client, was made aware of this possibility and that NVIATS is not responsible if this occurs.

## To Employer / Union

☐ We are committed to protecting your confidentiality and right to privacy. In accordance with North Vancouver Island Aboriginal Training Society Service Level Agreement, we are required to obtain consent from you prior to releasing any information to employers or unions. If you desire to participate in NVIATS Labour Pool-Labour Link program, we will need your consent to release your resume to employers and unions. This will permit NVIATS to respond to employer and union requests for skilled workers, by sharing your resume.

Please understand this in no way allows for NVIATS to release any personal information, beyond your resume to employers or unions. You must be 18 years of age to agree to this consent form. If you are not at least 18 years of age, a parent or guardian may sign on your behalf.

## Media-Publishing

☐ This is to give consent to interview, video, photograph, and publish pictures and stories for public relations purposes of NVIATS. This consent extends to NVIATS sponsored programs an partnership initiatives with other agencies.

I (please print), _____

give permission to NVIATS to use the following personal information in NVIATS promotional material, programs, newsletter, electronic and printed materials including posters, brochures, news articles, reports and websites, without payment of any fee or consideration of me. I agree that NVIATS owns copyright in these materials/photographs and I waive any claims I may have based on the usage of the materials/photographs.

**NVIATS may (circle yes or no):**

| | | |
|---|---|---|
| Interview me for public relations purposes | Yes | No |
| Use quotes from my interviews | Yes | No |
| Take photographs of me | Yes | No |
| Use photos/videos of me | Yes | No |
| Use my full name | Yes | No |
| Use my first name only | Yes | No |

## Third Party Release

☐ I authorize NVIATS to release information and discuss training needs for the purpose of assisting me with my training plan.

_____ ( _____ )

_____ ( _____ )

_____ ( _____ )

## Please Print

**FULL NAME** _____ **ADDRESS** _____

**SIGNATURE** _____ **DATE** _____

**WITNESSED BY** _____ **DATE** _____