



Consent and Release of Liability Form Regarding Training

(This space reserved for office use only)

Please print or type in black ink

Student Information

Last Name, First Name, Middle Name

Address

Unit No., Street No., Street Name, PO Box, City/Town, Province, Postal Code, Business Telephone No., Fax No., Email Address

Mailing Address (Only complete if different from the address noted above)

Unit No., Street No., Street Name, PO Box, City/Town, Province, Postal Code

Date of Birth (yyyy/mm/dd), Gender (Male/Female)

I, _____ consent to and authorize

Student Name

Loss Prevention Services Limited

- to collect personal information from or about me for the purpose of providing training... to disclose personal information collected from or about me...

I also consent to and authorize the Private Security and Investigative Services Branch of the Ministry of Community Safety and Correctional Services to disclose personal information collected about me...

I hereby release and discharge Her Majesty the Queen in Right of Ontario, the Loss Prevention Services Limited

and their respective directors, employees, subcontractors, volunteers, servants and agents, including their successors and assigns, from any and all actions, claims and demands for damages, loss or injury, howsoever arising...

This Release of Liability shall be binding upon and shall ensure to the benefit of my respective heirs, and administrators.

I certify that I have read the information in this form thoroughly, that I fully understand it, and that by signing below, I have the capacity to provide consent, and that I am providing consent freely and voluntarily.

The personal information that you have provided in this form is collected under the authority of subsection 10(1) sub-paragraph (b)(iii) of the Private Security and Investigative Services Act, 2005...

Name, Signature, Date (yyyy/mm/dd)