

TESTIMONIAL CONSENT AND RELEASE

I, _____ (“I”, “me” or “my”), **EFFECTIVE AS OF THE DATE I SIGN BELOW, HEREBY ACKNOWLEDGE AND AGREE WITH HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA**, represented by the Minister of Advanced Education and Skills Training (the “**PROVINCE**”) **AS FOLLOWS:**

- 1) I wish to provide to the Province, and the Province may wish to use, a testimonial or other information that contains my comments relating to my participation in a Province program and that may also contain my name, a photograph of me and/or other personal details or information (collectively, “**Personal Information**”) that could be used to identify me (collectively, the “**Testimonial**”).
- 2) I agree that I am entering into this Testimonial Consent and Release (“**Agreement**”) in exchange for the opportunity for my Testimonial to be used by the Province and that the Province in its sole discretion may, but is not required to:
 - use, reproduce, publish and distribute the Testimonial, in whole or in part, in all forms, media and technologies now known or later developed, including by way of the Internet
 - edit my Testimonial or combine or incorporate all or any part of it into other works
 - assign or license any of the above rights to the Province’s representatives or third parties (collectively, “**Others**”).
- 3) I consent to the indirect collection (where applicable), use and disclosure of my Personal Information by the Province and Others for public relations and/or public promotion as well as educational and editorial purposes (the “**Purposes**”), including by way of the Internet in which case I consent to my Personal Information being stored, used, disclosed to and accessed by the public at large, including in jurisdictions and to persons outside of Canada, unless and until I notify the Province in writing that I no longer wish to have my Personal Information used for any of the Purposes. If I have included my name with the Testimonial, I acknowledge and agree that the Province may, but is not required to, disclose my first name and only the first letter of my last name in association with the Testimonial.
- 4) I confirm that:
 - I am 19 years of age or older and legally entitled to enter into this Agreement on my own behalf or, if entering into this Agreement on behalf of a person under the age of 19, in conjunction with or for and on behalf of them
 - I hereby waive in favour of the Province and Others all “moral rights”, as described in subsection 14.1(1) of the *Copyright Act* (Canada), that I may have in the Testimonial
 - I have no right to pre-approve any use of the Testimonial by the Province or Others
 - I am not entitled to any fees, royalties or other compensation (financial or otherwise) for any use of the Testimonial.
- 5) I agree to waive my rights and to release and hold harmless the Province and Others from any and all claims I may have against them by reason of any fact or matter in any way relating to their use of the Testimonial or otherwise relating to the subject matter of this Agreement. I further agree to fully indemnify the Province and Others for all expenses, costs and damages arising from any claim by any person, including if applicable, the Minor identified below, relating to the Testimonials, including with respect to the misuse of any personal information and the infringement of any intellectual property or other proprietary rights.
- 6) This Agreement forms the entire agreement between the parties relating to its subject matter and any modification must be in writing and signed by the Province. This Agreement will be governed by the laws of British Columbia and any applicable laws of Canada. The courts of British Columbia sitting in Victoria will have exclusive jurisdiction over any dispute arising from or relating to this Agreement or its subject matter.

BY SIGNING BELOW I CONFIRM THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT AND THAT IT IS MY INTENTION TO ENTER INTO AN AGREEMENT TO WAIVE MY RIGHTS, INCLUDING MY RIGHT TO SUE, WITH RESPECT TO THE USE OF THE TESTIMONIAL AND THE USE AND DISCLOSURE OF MY PERSONAL INFORMATION.

*If the provider of the Testimonial is a person under the age of 19, whose name is _____ (PRINT NAME) (the “**Minor**”), I represent and warrant that I am at least 19 years of age and I have the authority to, and I do hereby, agree in conjunction with or for and on behalf of the Minor, as well as myself, to all of the terms and conditions contained in this Agreement.*

I ACKNOWLEDGE AND AGREE THAT TYPING MY NAME BELOW OR INSERTING ANOTHER FORM OF ELECTRONIC SIGNATURE HAS THE SAME LEGAL EFFECT AS EXECUTING THIS AGREEMENT UNDER A HAND-WRITTEN SIGNATURE.

SIGNED AND DELIVERED THIS _____ DAY OF _____, 20__:

Signature _____

Signature of Minor (if at least age 13) _____

Witness Signature _____

Your Personal Information is being collected under Section 26 of the *Freedom of Information and Protection of Privacy Act* for the Purposes described above in section 3. If you have any questions regarding the collection of your Personal Information under this Agreement, please contact: Director, Employment and Training Programs, Workforce Development and Accountability Branch, Ministry of Advanced Education and Skills Training, PO Box 9189 Stn Prov Govt, Victoria, BC V8W 9E6 Telephone: (236) 478-2665.