



MUSEUM OF
DUFFERIN

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1-877-941-7787
dufferinmuseum.com

Consent Release Form

Dear Parent/Guardian;

You have received this form because your child's school or class is participating in the **Digital History Contest** (MOD-DHC.weebly.com) held by the Museum of Dufferin. In order for your child's work to leave the school and be transferred to a public institution, permission must be granted. Please carefully review the details of this form. If you have questions or concerns, please contact Julie McNevin, Education Programmer at education@dufferinmuseum.com

I (please print name) _____

give permission to the Museum of Dufferin, its staff and volunteers to view my child's work for the purposes of adjudication related to the Digital History Contest. In addition, I give permission that in the event my child's work is selected for an award, the Museum of Dufferin has permission to photograph my child, display my child's work in a public space (gallery) and give recognition on social media (i.e. Facebook, Twitter, and/or Instagram) as follows: first name, grade, school name.

If you do not wish for your child to be photographed as part of award recognition, please check the box below.

Do not photograph my child

I hereby release the County of Dufferin and its employees, and/or volunteers from all claims resulting from the viewing, use, display and release of any material with respect to this contest.

Authorization and Release Form

I am at least 18 years of age, and I consent to this authorization and release.

Child's Name (First & Last): _____

Signature of Parent/Guardian: _____

Address: _____
(optional)

Contact number: _____
(optional)

Date: _____