



I acknowledge that the personal information referred to above was provided freely and voluntarily.  
By signing this form, I agree to release the government of Ontario and its representatives from any claim or liability that may arise out of the use or disclosure of the information collected on this form.  
I have read this form after it was completed and I understand its contents. I hereby give my consent as follows:

*Signatures are to be affixed in the appropriate space provided below:*

**To be signed by the individual named above:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**To be signed by a parent or legally appointed guardian of individuals aged eighteen (18) years or under:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**To be signed by a legally appointed guardian of individuals who cannot provide their informed consent:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*