

Consent To Use Personal Information

SENECA COLLEGE OF APPLIED ARTS AND TECHNOLOGY

Waiver, Indemnity and Release

I (print your name) _____ ,
hereby consent to and authorize the use by Seneca, its officers and employees, of my image, voice and/or likeness and information about my student/employment status (i.e. program name/year of graduation/former and current employers) and my work (i.e. class discussions, field placements, interactions with children, images, artwork, videos, photographs, reports, poems, written materials, music, audio recordings and other related materials/projects/works). Seneca Colleges shall have the right to photograph, audio record, video record (this may include being observed on closed circuit TV and through two-way mirrors by individuals approved by Seneca), publish, adapt, exhibit, perform, reproduce, edit, distribute, display or otherwise use my image, voice and/or likeness and my work in connection with any product or service (i.e. research, classroom instruction, educational purposes, government reporting, marketing, etc.) in all markets, media or technology now known or hereafter developed in Seneca's products or services, as long as there is no intent to use the image, voice and/or likeness, and information about my student/employment status, in a disparaging manner. For more information on these initiatives, I can contact my Lab School Manager or Academic Chair.

As well, I consent to have this information shared by Seneca with third parties for these same express purposes. Seneca is not responsible for the misuse or alteration of any such audio/video or photographs by third parties. I hereby release Seneca and any of its officers and employees from any and all actions, claims, loss or causes of action arising from the use or misuse of such images.

I am 18 years of age or older and I am competent to contract my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

SIGNATURE

DATE

SIGNATURE OF PARENT/GUARDIAN (IF UNDER AGE 18)

DATE

In accordance with sections 21, 39 and 49 of the Freedom of Information and Protection of Privacy Act, the personal information including images and recordings in connection with this form is collected under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, and Regulation 770, and the Ontario Colleges of Applied Arts and Technology Act 2002, Regulation 34/03. If you have any questions about the collection of personal information, please contact Seneca College's Privacy Office at 416.491.5050 extension 77846, or email privacyoffice@senecacollege.ca. The mailing address for the Privacy Office is 8 The Seneca Way, 7th Floor, Markham, Ontario, L3R 5Y1.

EARLY CHILDHOOD EDUCATION PROGRAM

Confidentiality Agreement – Access to ECE Lab (iLook)

As part of my participation in this ECE program I am being granted access to ECE Lab (iLook) recordings and/or live feeds in order to participate in educational learning activities and complete assigned tasks. In order to gain access to iLook, I acknowledge and agree to the following conditions:

1. I understand that the recordings and information viewed during the live feeds can only be used for the purposes of participating in assigned, course tasks.
2. I understand that the recordings must not be reproduced, distributed in any manner, via the Internet, using social media (Facebook, You Tube, etc.), file sharing, or any other distribution channels without the expressed consent of the Lab School Manager and only in accordance with provincial/federal laws and Seneca's [Information Technology Acceptable Use](#) and [Freedom of Information and Protection of Privacy and Intellectual Properties](#) Policies.
3. I understand that any misuse or disclosure of the recordings and/or any information from the live feeds is a violation of [Seneca's Student Code of Conduct](#) and could result in disciplinary action.

By signing this Form, I acknowledge and agree to my role in protecting the personal information contained in the iLook recordings and/or live feeds.

NAME (print) _____

STUDENT ID
NUMBER _____

SIGNATURE _____

DATE _____

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