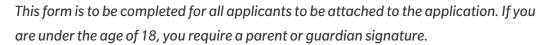
Permission & Media Consent Form - Group Mentorship Program





Name of mentee:
Program Applying for:
Name of parent or guardian:
Parent or guardian's email:
Telephone:
Emergency contact name & number (different from above, please list relation to the applicant):
• I consent that the applicant's image in photograph or video may be used in print, digital and web-based materials for the promotional, educational or fundraising purposes of Creative Manitoba, their partners, and shared among the other participants of the program.
I consent that the Applicant's name may be listed to give credit verbally, in print or online.
If you have any limitations, special requests, or otherwise regarding this consent, please list instructions below:
Signature (Applicant or parent/guardian if under 18):
Date: