

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

Legislative Assembly of Ontario Model Parliament Acknowledgement and Consent Form

Name of Student: _____

As the parent/guardian of the student named above, I _____, hereby acknowledge that I understand the requirements of the Legislative Assembly of Ontario's Model Parliament 3-day program, including but not limited to: program dates and location, code of conduct, program and participant responsibilities.

If selected, I hereby give permission to my child, _____ to attend the Model Parliament Program at the Legislative Assembly of Ontario in Toronto.

I acknowledge that:

1. Selected students will be supervised by Legislative Assembly Staff during program hours only and that supervision outside of program hours is the responsibility of the student.
2. Accommodation and transportation for the duration of the program is not provided and is the responsibility of each student.
3. Facebook and Microsoft Teams will be the primary communication method between the Legislative Assembly of Ontario and selected students. **Note:** the Facebook page will be restricted and will be only for the use of the selected students of the 2019 Model Parliament Program.

Parent/Guardian Signature

Date

Furthermore, I give consent to the Legislative Assembly of Ontario to publish photographs and or videos taken of my child during the Model Parliament Program to be used for promotional and educational purposes in printed material or for the Legislative Assembly of Ontario web site.

Parent/Guardian Signature

Date