

Please indicate the age category you belong to:



Consent Form/Permission Letter

The Canadian Society for International Health (CSIH) and the Canadian Centre for Gender and Sexual Diversity (CCGSD) is committed to protecting your privacy.

Before signing this release, please read it carefully and make sure you understand and are comfortable with the terms.

Rights to the use of World Hepatitis Day Youth Art Poster Contest Submission

I hereby give permission to the Canadian Society for International Health (CSIH) and the Canadian Centre for Gender and Sexual Diversity (CCGSD) to use my World Hepatitis Day Youth Art Poster in any publications and/or promotional materials produced by CSIH and CCGSD, to be distributed at events in any print or electronic format. These publications or events include, but are not limited to, annual reports, newsletters, and other publications or materials in print and/or electronic formats, the annual general meetings or other events such as conferences and workshops. I understand that these publications and/or promotional materials produced by CSIH and CCGSD may be printed and disseminated across Canada and possibly around the world, in print and on the Internet.

By signing below, I grant CSIH and CCGSD the right and permission to use these materials described herein.

14- 16

17 - 19

• Name	:
0	I hereby give permission to CSIH and CCGSD to display my name if I am one of the winners of the contest.
I consent to t	he above statement. Sign Here:
I do not cons	ent to the above statement. Sign Here:
If you are und	der 18 years of age please ensure that a parent/guardian reads and signs this consent form.
	FOR GUARDIANS/PARENTS.
	is consent form, I understand and I am comfortable with the terms and descriptions in this urthermore, I support the decision of the youth signing this consent form.
• N	ame of parent/guardian:
• Si	gnature of parent/guardian: