Food Skills BC
Confidentiality/Release Form

Commitment

All participants are representatives/clients of the ***Food Skills BC(FSBC) Program*** should reflect the program and the other participants in a positive light at all times. Participants are responsible for keeping their personal data current with the administration office, i.e. addresses, phone and availability times (appointments). You should give notice of last minute schedule changes or illness in a timely fashion.

The FSBC Program continues to grow and evolve; therefore, it is important to keep your knowledge current and up-to-date through regularity of attendance, completion of assignments, active participation and monitoring bulletin boards for noted changes.

Confidentiality

While attending the FSBC Program, you must hold in confidence all matters that come to your attention in the classroom, participant meetings and other in-class discussions including material from or about our participants/clients and matters regarding staff. Please respect the privacy of others and use all information gained at the FSBC Program in a responsible manner.

Release

I agree to maintaining confidentiality and respecting the privacy of others. I give permission to the staff of Mission Community Skills Centre to provide my name and skills history to employers for the purpose of developing work experience placements or job placement.

I also give them permission to use any written accounts, photographs, video, and sound recordings of myself for educational and promotional purposes.

I understand that this media may be used in printed publications and distributed via various media, including, but not limited to the classroom, television channels, social media, web communications, publications and video.

I understand that I will not receive any compensation for or any rights to these photographs or videos, and release and fully discharge Mission Community Skills Centre Society, its trustees, officers, employees and agents from any liability for their use.

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Name of Participant (please print) Date

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Signature