Dear OBA/OJEN Competitive Mock Trials Participant,

The purpose of this consent form is to protect the privacy of individuals and to ensure that personal information is shared properly.

Photographs, videotaped images and activities, voice recordings, artwork, writing and other school work may be recorded, displayed and/or used in newsletters, brochures, yearbooks, projects, educational resources, internal and external publicity including internet websites by OJEN for the purpose of documentation and presentation of this program, and for educational resources.

I have read the above information and fully understand the contents. For valuable consideration, I hereby give OJEN permission to use the aforementioned items and I authorize the use of reproduction of it by OJEN or anyone authorized by them (in particular, the Ontario Bar Association). I hereby also waive any rights of compensation or ownership thereto.

Name of participant: ___________________________ Age: ______

School:__________________________________________

Name of Parent/Guardian (if participant is under 18):

________________________________________________

Signature: ______________________________________
(of Parent/Guardian if participant is under 18, or of participant)

Date: ______________________

Participant/parent/guardian: Please return to the team’s teacher.
Teacher: Please submit by the following means

a) Fax all forms to 416-800-9034, attn: OOCMT
b) Scan and email all forms to oocmt@ojen.ca (ideally in one file)
c) Turn in at your event