



Participant Entry Information and Consent Form

Student Name:

Parent Name:

Phone Number:

School:

Student's Grade:

Selected entry category:

How does walking or wheeling to school make you feel?

What is your favourite thing about walking or wheeling to school?

Caption or short story (add additional page if required):

By submitting this Participant Entry and Consent Form I agree to the Photovoice Contest Rules. I declare that the photograph is free of copyright restrictions and grant Thunder Bay District Health Unit an irrevocable perpetual unrestricted, non-exclusive, royalty-free license to use and publicly display the submitted photograph and/or caption or short story for public health promotion purposes.

Parent Signature:

Date:

Personal information on this form is collected under the authority of section 5 of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 and will only be used to administer the WOW TBay Photovoice Contest. Questions concerning the collection and use of this information should be directed to April Hadley, Health Promotion Planner, Thunder Bay District Health Unit, at 807-625-5970 or april.hadley@tbdhu.com or by mail at 999 Balmoral Street, Thunder Bay, ON P7B 6E7

Email this completed Participant Entry Information and Consent Form along with your photo and caption to wowtbay.photovoice@gmail.com