Ontario

Ministry of Community Safety and Correctional Services

Private Security and Investigative Services Branch

Consent and Release of Liability Form Regarding Training

(This space reserved for office use only)

Please print or type in black ink

Student Information

Important: You must provide your full legal name, as it appears on the identification you are carrying with you to the test venue on the test day.

Last Name	First Name	Middle Name

Other Name(s) (Maiden name, former name, etc. - please specify)

Address

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

Business Telephone No. Ext.	Fax No.	Email Address

Mailing Address (Only complete if different from the address noted above)

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

Date of Birth (yyyy/mm/dd)	Gender ☐ Male ☐ Female

I, _____ consent to and authorize
Student Name

G F 1 SECURITY SERVICES INC
Name of Training Entity

- to collect personal information from or about me for the purpose of providing training in accordance with the Training and Testing Regulation made under the *Private Security and Investigative Services Act, 2005* ("PSISA");
- to disclose personal information collected from or about me, including whether or not I have successfully completed the required training under the Training and Testing Regulation, to the Private Security and Investigative Services Branch of the Ministry of Community Safety and Correctional Services for the purpose of determining whether I am eligible to be licensed as a security guard or private investigator, and for the purpose of administering the licensing system authorized under the PSISA; and

I also consent to and authorize the Private Security and Investigative Services Branch of the Ministry of Community Safety and Correctional Services to disclose personal information collected about me, for the purpose of advising the Ministry's Test Delivery Vendor as to whether or not I have completed the training required under the Training and Testing Regulation; and

I hereby release and discharge Her Majesty the Queen in Right of Ontario, the G F 1 SECURITY SERVICES INC
Name of Training Entity

and their respective directors, employees, subcontractors, volunteers, servants and agents, including their successors and assigns, from any and all actions, claims and demands for damages, loss or injury, howsoever arising, except as a result of negligence or wilful misconduct which may hereafter be sustained by myself as a result of the collection, use and disclosure of personal information as authorized by this form.

This Release of Liability shall be binding upon and shall ensure to the benefit of my respective heirs, and administrators.

`I certify that I have read the information in this form thoroughly, that I fully understand it, and that by signing below, I have the capacity to provide consent, and that I am providing consent freely and voluntarily.

The personal information that you have provided in this form is collected under the authority of subsection 10(1) sub-paragraph (b)(iii) of the *Private Security and Investigative Services Act, 2005* for the purpose of providing training to you in accordance with the Training and Testing Regulation made pursuant to the Act, and for the purpose of administering the licensing system authorized under the Act. For further information please contact a Customer Services Representative at 416 212-1650 or toll-free at 1 866 767-7454. 25 Grosvenor Street, 1st Floor, Toronto ON M7A 1Y6.

Name	Signature	Date (yyyy/mm/dd)

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