**Many Faces of Markham 2021**

**Theme - Working Together to Confront Anti-Black Racism**

**Contest Application, Consent and Release Form**

The City of Markham is committed to being a diverse and inclusive city where everyone feels welcome and a sense of belonging. A city where everyone feels they can live their best life.

The Many Faces of Markham contest is an annual initiative sponsored by the City of Markham’s Race Relations Committee. This initiative supports the annual United Nations International Day for the Elimination of Racial Discrimination on March 21, 2021. It engages the community’s children and youth to reflect on, and speak out against, all forms of racism to foster a community characterized by values of inclusion, belonging, equity and kindness. This year, due to COVID-19, there will not be any in person components to the contest.

**To participate in this contest, both sides of this form must be completed in its entirety and sent along with the submission to Sandra Allen (City of Markham) at** [**sallen@markham.ca**](mailto:sallen@markham.ca) **by Friday, April 23, 2021. Note that both sides of this form and art submissions can be emailed as jpegs.**

**STUDENT INFORMATION:**

|  |  |  |
| --- | --- | --- |
| First Name: | | Last Name: |
| Name of School/Community Organization: | | |
| Grade (K to 12): | Age: | Teacher / Group Leader Name (if applicable): |
| If I win, please display my name as follows on my certificate: | | |
| First Name: | | Last Name: |

**ENTRY INFORMATION:**

|  |  |  |
| --- | --- | --- |
| My entry is for the following (please check one box): | | |
| Art | Writing | Video Spoken Word |
| Title of submission: | | |

**Parent / Legal Guardian Consent to Use Your Child’s Many Faces of Markham Contest Submission – For any City Purpose**

* By signing below, I hereby permit and authorize the City of Markham (the “City”) to publish or use the art (written, art, video or spoken word) submission of the child listed below, for whom I am the parent and/or legal guardian.
* I acknowledge and agree that the City may publish or use the art / image(s) of the art for any City purpose by any means whatsoever including, but not limited to, electronic or digital means.
* I acknowledge that the City may not be able to control the distribution or use of the image(s) by other than the City Representatives.
* I agree that this Consent and Release is given in perpetuity and for no consideration, credit, acknowledgement or financial recompense, now and in the future.
* By signing below, I hereby permit and authorize the City of Markham (the “City”) to use the art, writing, video or spoken word submission of the child listed below for any city purpose.

I hereby hold the City harmless for any claims, actions, debts, damages, injuries, or losses that may arise or be incurred as a result of the taking, use, publication or distribution of the photograph/image. I also agree to indemnify the City against any third party claims, actions, damages, injuries or losses brought or assessed against or incurred by the City for the use of the image(s).

I hereby hold the City harmless for any claims, actions, debts, damages, injuries, or losses that may arise or be incurred as a result to the use of the art, writing, video or spoken word submission of the child listed below. I also agree to indemnify the City against any third party claims, actions, damages, injuries or losses brought or assessed against or incurred by the City for the use of the art or writing submission of the child listed below.

|  |  |
| --- | --- |
| Student Information:  First Name: | Last Name: |
| Home Address: | |
| Parent’s Phone Number: | Parent’s Email Address: |

*Personal Information on this form is collected under the authority of the* [*Municipal Freedom of Information and Protection of Privacy Act*](https://www.ontario.ca/laws/statute/90m56) *(MFIPPA). The City of Markham takes all reasonable steps to ensure that your personal information is treated confidentially and is only used for the purposes it was collected for.*

**Parent’s Name – please print Parent’s Signature**

**Date**

|  |  |  |  |
| --- | --- | --- | --- |
| ***For City of Markham use only – Submission number:*** | | | |
| A: | W: | V: | SW: |