

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)			se only)
Please print or type in black ink									
Student Information									
Last Name			First Name				Middle Name		
Address									
Unit No.	Street No.						PO Box		
City/Town				Province					Postal Code
Business Telephone No. Fax N				lo. Email Address					
Ext.									
Mailing Address (Only complete if different from the address noted above) PO Box Unit No. Street No. Street Name PO Box									PO Box
City/Town				Province		Postal Code			
Date of Birth (yy		Gender		Female					
l,	consent to and authorize								
Student Name									
Loss Prevention Services Limited									
 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 Loss Prevention Services Limited									
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 <i>Private Security and Investigative Services Act, 2005</i> 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. 777 Bay Street, 3rd Floor, Toronto ON M7A 2J6.									
Name				Signature				Date (yy	vyy/mm/dd)