

**Nomination Form**  
**South East Grey Youth Recognition Awards 2019**

Deadline: Friday, April 5, 2019

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Submit to [brianne.macdowell@segchc.ca](mailto:brianne.macdowell@segchc.ca) by Friday, April 5, 2019

<b>I nominate:</b>	
Name of Individual or Group	
Nominee's Address/Town of Residence	
Email Address	
Phone Number	
Age	
<b>Please briefly explain the nominee's achievement or contribution. Why do you feel they should be recognized?</b>	
<b>Please meet with the nominee to create a profile summary describing the nominee's achievement or contribution.</b>	

<b>Nominated by:</b>	
Name of nominator	
Organization/Town of Residence	
Email Address	
Phone Number	
Relation to the Nominee (s):	
<b>Signature</b>	<b>Date</b>

## Consent for Photographs, Visual/ Sound Recordings and Testimonials

Name of youth nominee: \_\_\_\_\_

I, \_\_\_\_\_ (self or parent/guardian if under 18), give my consent to the South East Grey Community Health Centre and any employee, agent or person authorized by it to take and produce photographs, video/sound recordings, testimonials and any other audio/visual reproduction of myself.

I further agree the South East Grey Community Health Centre may use, publish, copyright and otherwise reproduce for:

- i) educational purposes,
- ii) organizational communication purposes
- iii) and any other purpose the South East Grey Community Health Centre in its discretion sees fit.

I understand this material may be copied and used outside of Grey County. I also understand and agree that all recordings and images, including digital images and prints created by the South East Grey Community Health Centre shall constitute the property of the Community Health Centre solely and completely.

I hereby release and agree to save harmless the South East Grey Community Health Centre, officers, employees, affiliates, assigns and all persons acting under their direction from any liability due to the use, alteration or distortion of the image/recording whether intentional or otherwise which may occur in the publication/reproduction of material.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(parent/guardian if participant is under 18 years)

Address \_\_\_\_\_

Phone \_\_\_\_\_

Witness \_\_\_\_\_

