



Ministry of Community Safety
and Correctional Services Services

Private Security and
Investigative Services Branch

**Consent and Release of
Liability Form Regarding Training**

(This space reserved for office use only)

Student Information

Last Name	First Name	Middle Name
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Address

Street No.	Street Name				Unit/Suite/Apt.
Rural Route	PO Box	Postal Station	City/Town	Province	Postal Code
Business Phone No.	Ext.	Business Fax No.		E-mail Address	

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

Street No.	Street Name				Unit/Suite/Apt.
Rural Route	PO Box	Postal Station	City/Town	Province	Postal Code

Date of Birth (yyyy/mm/dd)	Gender	
	Male <input type="checkbox"/>	Female <input type="checkbox"/>

I, _____ consent to and authorize
Print Student Name

Print 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 _____,
Print 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 enure 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.

Signature	
Print Name	
Date	

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.