

CONSENT RELEASE FORM

I, _____ of _____,
hereby give permission to MTG HEALTHCARE ACADEMY to use my name, testimonials
and photographic likeness in all forms and media for advertising, trade, and any other
lawful purposes.

Further, I hereby release and discharge **MTG HEALTHCARE ACADEMY** and all
persons functioning under its permission or authority (including, but not limited to,
associates, affiliates, officers, agents, advertising agencies, designated directors,
employees, and customers) from any claims. This includes claims related to blurring,
alteration, distortion, or use in composite form that may occur or be produced in the
process of recording, processing, or publishing the materials, including any claims for
libel or invasion of privacy.

Our Locations

+ Calgary Campus

403 264 2009 | 403 992 7611
Fax: 587 352 2049

1324 36 Avenue NE
Calgary, Alberta | T2E 8S1

+ Red Deer Campus

403 264 2049 | 403 986 0684
Fax: 403 986 4815

4811 48 Street
Red Deer, Alberta | T4N 1S6

+ Edmonton Campus


780 863 8236
Fax: 780 434 8328

6920 Roper Road NW
Edmonton, Alberta | T6E 0A8


Student's Signature


Student's ID #

Date

 mtghealthcare.com

 info@mtghealthcare.com

 MTG Healthcare Academy

 @mtghealthcareacademy