# **Caregivers & Machine Learning - Capstone Consent Form**

## Section 1 of 2 - Hosting and Use of Capstone Project

I grant Vector Institute the following non-exclusive rights, unlimited in territory and time:

* To use, reproduce, distribute, display, or otherwise use, in whole or in part, in whatever manner and medium, whether now known or later developed including classroom, television broadcast, cable and satellite, internet including webcasts, social media, videos and podcasts, and print, the material that I am providing, which includes the Capstone Project itself, as well as all the assisting tools used during the Capstone Project e.g. the report and other similar documents and any reproductions or adaptations of my Capstone Project.

And, I understand that:

* The Vector Institute is hosting my Capstone Project, and may keep these on file permanently.
* Any content use and distribution from my Capstone Project that may contain sensitive information will be sent to me for review before circulation in whatever medium, and will not be circulated to Vector's external network if written email permission is not provided by me.
* The Vector Institute will attribute to my organization (or me, if working singularly), any materials from my Capstone Project that are used, reproduced, distributed, displayed or otherwise used in whole or in part, in whatever manner and medium, whether now known or later developed including classroom, television broadcast, cable and satellite, internet including webcasts, social media, videos and podcasts, and print, the material that I am providing, which includes the Capstone Project itself, as well as all the assisting tools used during the Capstone Project e.g. the report and other similar documents and any reproductions or adaptations of my Capstone Project.

**The Vector Institute’s use of my Capstone Project and as indicated will not expose the Vector Institute to liability for infringement of copyright, breach of privacy, or any similar liability. I warrant that:**

* I attest that my Capstone Project is completely original and of my creation
* To my knowledge, and with the support of my organization (if applicable), my Capstone Project does not contain materials that infringe on any proprietary rights or copyrights of others (including moral and similar rights).
* To my knowledge, and with the support of my organization (if applicable), my Capstone Project does not contain any defamatory or illegal content or invade any person’s right of privacy.
* If I have included copyrighted material, I have obtained written permission to reproduce the material and I have attributed the ownership of such materials.
* This consent is governed by Ontario law.

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## Section 2 of 2 - Use of Voice, Image, and Likeness

I grant the Vector Institute the following non-exclusive rights, unlimited in territory and time:

* To use my name, image, likeness, voice or signature, or note my organization and affiliation in connection with this Professional Development Course in whatever medium, for purposes related to the Vector Institute’s mandate, including fundraising, publicity, press releases, reports and funding applications.
* To use quotes, attributed to and approved by me, written or verbal, noting my name and affiliation in connection with this course in whatever medium, for purposes related to the Vector Institute’s mandate, including fundraising, publicity, press releases, reports and funding applications.

**The Vector Institute’s use of my information as indicated will not expose the Vector Institute to liability for infringement of copyright, breach of privacy, or any similar liability. I warrant that:**

* I may freely transfer the license rights described in this form.
* This consent is governed by Ontario law.

## Consent

**Course Name:** Vector Institute, “Caregivers and Machine Learning”

**Course Dates:** March 20, 2023 - April 26, 2023

**Participant Name (please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution or Affiliation (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I give consent (yes/no):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_