



Ministry of Community Safety  
and Correctional Services  
Private Security and Investigative  
Services Branch

## Consent and Release of Liability Form Regarding Training

Please print or type in black ink

### Student Information

Last Name		First Name		Middle Name	
VANSH		VANSH			
Address		Street No.		Street Name	
Unit No.		12		BLUE EAGLE TRAIL	
City/Town		Province		Postal Code	
SCARBOROUGH		ON		M1V 1V9	
Business Telephone No.		Fax No.		Email Address	
647-970-1003 Ext.				chug.vansh902@gmail.com	
Mailing Address (Only complete if different from the address noted above)					
Unit No.		Street No.		Street Name	
City/Town		Province		Postal Code	
Date of Birth (yyyy/mm/dd)			Gender		
2003/03/10			<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		

I, VANSH Student Name consent to and authorize

### Phoenix Investigation and Security Services Inc.

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 Phoenix Investigation and Security Services Inc.  
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 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 *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. 777 Bay Street, 3rd Floor, Toronto ON M7A 2J6.

Name	Signature	Date (yyyy/mm/dd)
VANSH	<u>Vansh</u>	2022/12/10