

STUDENT BUSINESS PROGRAM

Authorization and liberation of rights

Student's first name _____

Student's last name _____

High School _____

I, the undersigned _____, parent or legal tutor of the minor identified above confirm that at the moment of the online enrolment at www.montrealreleve.ca, I have read and checked off the paragraphs below:

- The authorisation to participate in the Student Business program (workshops and internship)
- The authorization to Montréal Relève and the internship to use, distribute or otherwise utilize audiovisual images, recordings, or parts thereof, produced with my child or referring to my child's participation.
- The authorization to allow my child to travel by car with the professional mentor when it is not possible to reach a destination by public transportation, or when his/her mentor must use a car as part of his/her functions.
- The authorization to Montréal Relève or the internship to communicate with my child in the future.

Signed in Montreal, on _____

Signature _____

Find the content of the authorization and liberation of rights at: montrealreleve.ca/consentement

Dear parents, do you wish to take part in the experience and become a mentor? Please fill out the form below and we will communicate with you :

First and last name _____

Organization _____

Title _____

Phone number _____

E-mail _____

Montréal Relève initiatives are made possible, in part by:



Follow Montréal Relève !

Facebook /montrealreleve

LinkedIn /montrealreleve

Instagram @mtltreleve

Web montrealreleve.ca

