



Favorite Family Food Challenge Submission Form

****This form must be filled out by an individual 18 years of age or older****

Name of Family or Individuals (This is how your name will be published): _____

Contact Person's Full Name: _____

Mailing Address including Postal Code: _____

Email: _____ Phone Number: _____

I, _____ (name), give the Town of Redwater consent to publish my submitted content in the following indicated types of publication:

☐ **ALL BELOW** (OR ONLY THOSE CHECKED BELOW)

☐ NEWSPAPER

☐ WEBSITE

☐ SOCIAL MEDIA (i.e. FACEBOOK)

☐ BROCHURE

☐ NEWSLETTER

☐ I verify that I am 18 years of age or older.

I understand that once photographs, videos and other identifying information are released in any public forum (including social media platforms), the Town of Redwater cannot control or prevent the further distribution or use of the material by those who access the information.

Signature _____ Date _____

LIABILITY AND PERSONAL INFORMATION WAIVER

The information on this form is being collected for the purpose of a municipal operation or activity under the authority of the *Freedom of Information and Protection of Privacy Act*, Section 33 (c). This information will be used for the coordination of the Favorite Family Food Challenge at the discretion of the Town of Redwater. For more information contact: FOIP Coordinator, Town of Redwater, Box 397, Redwater, Alberta, T0A 2W0, 780-942-3519.

Under Section 38 of the *Freedom of Information and Protection of Privacy Act*, Municipalities must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction. Also, Municipalities must comply with Sections 39 and 40 when using and disclosing personal information.

