



**MIKISEW CREE FIRST NATION HOME OWNERSHIP INCENTIVE (HIP) PROGRAM RECIPIENT MEDIA CONSENT
AND RELEASE AUTHORIZATION (OPTIONAL)**

Mikisew Cree First Nation (“MCFN”) Property Management maintains all confidentiality of MCFN Home Ownership Incentive (HIP) Program Recipient records and personal information in accordance with applicable privacy legislation. Subject to privacy legislation requirements, MCFN Property Management requires written consent of the grant recipient to release any such information.

HIP Recipient Photograph/Video and Media Release

By signing below, I hereby consent to MCFN taking, using, disclosing and publishing my name, likeness, voice and the amount of the HIP Grant I received in any MCFN media releases and platforms, without any compensation or advantage. This may include, but are not limited to, interviews, photographs and video tapes of me and my home on any media release or platform. If MCFN so decides to use the above-mentioned information of me, I acknowledge that it may edit such materials. I hereby waive the right to inspect or approve any such use, disclosure or publication either in advance or following distribution or display. Furthermore, by signing below, I confirm that I grant this consent freely and voluntarily and further release and save MCFN harmless from any and all claims and actions that I may have against MCFN as a result of media representation.

Dated this _____ day of _____(month), _____ (year).

MCFN Property Management Signature

Program Recipient Signature

Witness Signature

Program Recipient (Print Name)

Witness (Print Name)

Phone Number

Phone Number



HIP Recipient Name and Grant Amount Only

By signing below, I hereby consent and authorize Mikisew Property Management to taking, using, disclosing and publishing my name and HIP Grant amount in any MCFN media releases and platforms and medium.

Dated this _____ day of _____ (month), _____ (year).

MCFN Property Management Signature

Program Recipient Signature

Witness Signature

Program Recipient (Print Name)

Witness (Print Name)

Witness Signature

Witness Signature

Phone Number

Phone Number