THE REEL6

The Reel6 - Creative Industries Co-op Program ("Reel6" or "Program) is an online co-op experience for Toronto Community Housing Corporation's ("TCHC") residents that enables participants to explore aspects related to the creative industries. This ten-week program features guest talks from a variety of high-profile figures in the business to introduce a topic for investigation each week for participants to research, collaborate, and reflect.

Information provided on this form is confidential and will be used to process your application. Applications must be received no later than **Wednesday September 14**th, **2022**. You can email your application to <u>economic.opportunities@torontohousing.ca.</u> If you have any questions, please contact **Karim at 437-998-8652**

The Reel6 is a ten week Creative Industry program that allows you to earn industry-recognized credentials and skills to start on a path to a career within the real-time 3D gaming ecosystem. The Unity Certified Associate Game Developer/Artist/Programmer course will be delivered online by Stratagem. The course will take approximately 30 hours to complete. The Program is divided into 2 parts: the first part will be online and the second part will be a placement opportunity.

LOCATION:	VIRTUAL					
DATES OF	September 20th – November 24th, 2022					
PROGRAMMING:						
	1.5 hours					
PART A: PARTICIPANT INFORMATION						
First Name:	Last Name:					
Dirth Data: (DD/M)	4//////	I Dhana Numbari				
Birth Date: (DD/MM	viii).	Phone Number:				
Email Address:						
Are you a TCHC Resident? □ Yes □ No □ Former						
A 1.1	A / 11 //	Lov				
Address:	Apt / Unit #:	City:	Postal Code:			

PART B: EMERGENCY CONTACT INFORMATION

A minimum of 1 other adult emergency contact is required.

First & Last Name: 1.	Home Phone:	Cell Phone:	Relationship to Participant:		
First & Last Name: 2.	Home Phone:	Cell Phone:	Relationship to Participant:		
PART C: PROGRAM QUI Please check the appropr Level of experience with No Experience Somewhat Experience Very Experienced Expert Level of experience with No Experience Somewhat Experience Very Experience Expert	iate boxes below. Coding d Digital Animation				
Level of experience wit ☐ No Experience ☐ Somewhat Experience ☐ Very Experienced ☐ Expert					
Please select one of the industry pathways you are most interested in: Game Developer Pathway Artist Pathway Programmer Pathway					
The first part of this pro computer and Wi-Fi acc □ Yes □ No □ Not Sure	gram will be delivered onliness?	ne, do you have access t	o a reliable		



PART D: LEVEL OF EDUCATION: Please check the appropriate boxes below.

Highest level of education:

High School
Current Post Secondary student (university/ College)
Graduated Post-Secondary (university/ College)
Masters
Other

PART E: PHOTO/VIDEO CONSENT

Consent

I give consent to Toronto Community Housing Corporation, its employees, agents, affiliates, subsidiaries, successors, assigns and licensees and those acting with its authorization (collectively "TCHC") to: (a) take photographs, videos and/or audio recordings of me at the above-mentioned Program ("Recorded Content"); (b) reproduce and modify the Recorded Content in any format in current and future materials such as publications, multi-media productions, websites, documents, bulletins, brochures, videos, films, displays, advertisements ("TCHC Publications"); and (c) publish, exhibit, display, transmit, distribute, broadcast and display the Recorded Content publicly, with or without the Participant's name associated with it, for the purposes of promoting, publicizing or explaining TCHC and its operations and/or for educational and/or administrative purposes.

Ownership

I acknowledge that TCHC owns all rights to the Recorded Content.

Waiver

I waive any right to review or approve the Recorded Content or their inclusion in TCHC Publications. I also waive any right to royalties or other compensation arising from or related to the use of the Recorded Content.

Release

I release and hold harmless TCHC, its directors, officers, employees or agents from and against any claims, damages or liability whatsoever, arising from or related to the use or misuse of the Recorded Content.

General

I have read this document before signing below and I fully understand its contents, meaning and impact. I understand and agree that this consent shall be continuing with no limitations or reservations and shall be binding on me, my heirs, executors, administrators and assigns. I give this consent voluntarily. This consent may be withdrawn by me at any time, upon written notice to TCHC.

PART F: CONSENT, WAIVER, RELEASE AND INDEMNITY:

Program Participation:

I, the Participant, wish to enroll in the Program and acknowledge that my enrollment and participation in the Program is purely voluntary and in no way mandated by TCHC.

Waiver, Release and Indemnity:

I hereby waive, release, and discharge forever and covenant to not sue TCHC or any of its shareholders, directors, officers, employees, volunteers, agents, administrators, assigns, subsidiaries, related companies, insurers, or any person, partnership, corporation or any other entity who might claim contribution or indemnity or other relief against TCHC, (the "Releasees") from and for any and all liabilities, claims, demands or causes of action whatsoever, for any and all harm, loss, damage, property damage, personal injuries or death, howsoever arising from the Participant's participation in the Program, even if arising from the negligence or misconduct of TCHC, including but not limited to any negligence or statutory breach pursuant to the Occupiers' Liability Act, R.S.O. 1990, c. O.2. I understand that this waiver shall be binding upon my estate, my heirs, my representatives and assigns.

I hereby hold harmless and indemnify the Releasees from any and all liability for any property damage, personal injury, or damages for economic loss suffered by any third party, resulting from the Participant's participation in the Program.

I understand that I can seek independent legal advice in relation to this informed consent/waiver form and I agree that by signing this form I have either sought independent legal advice or have waived my right to do so.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS. I UNDERSTAND THAT I AM GIVING UP MY RIGHT TO SUE AND THE PARTICIPANT'S RIGHT TO SUE, AS DESCRIBED ABOVE, EVEN FOR NEGLIGENCE OF TCHC AND ITS EMPLOYEES, AND I VOLUNTARILY AGREE TO ITS TERMS.

FOR PARTICIPANTS **UNDER** 18 ONLY

I hereby grant permission for		to participate in the				
Program on the above terms.	Youth's Name					
PARENTAL NAME						
DADENTAL CICNATURE						
PARENTAL SIGNATURE						
Date:	-					
FOR	PARTICIPANTS OVER 18 ONLY					
I hereby agree to participate in the Program on the above terms.						
PARTICIPANT SIGNATURE						
Date:						



PRIVACY NOTICE - The personal information requested on this form is collected under the authority of the *Housing Services Act, 2011 and s. 28(2) of the Municipal Freedomof Information and Protection of Privacy Act.* The information will be used for the purpose of administering the Program and general administrative purposes. If you have any questions about the collection of this information, *please contact Manager of Program Development and Evaluation at 93 Yonge St, Toronto, ONM4W2H2 or at (416) 617-6153*