

**Canadian Home Builders Association Medicine Hat & District  
Awards of Excellence 2020  
Homeowner (s) Waiver Form**

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I/we, the undersigned, hereby give our permission to \_\_\_\_\_ (name of person) of \_\_\_\_\_ (name of company) to enter our home in the 2020 CHBA – Medicine Hat Awards of Excellence.

We understand that the entry will consist of written information about our home or renovation project, as well as photographs, drawings and/or plans. We understand that by providing permission we are not allowed to revoke permission at any point once the waiver has been signed.

We further understand that the Canadian Home Builders' Association – Medicine Hat at its discretion will have the right to use the photographs included in the entry for marketing and promotional purposes.

We also understand the Canadian Home Builders' Association – Medicine Hat will not at any time reveal the civic address of our home. Only the general geographical location (e.g. town, municipality, city and/or province) of the project and/or the company will be noted when and as required (e.g. media announcements of finalists and winners).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Name of Homeowner (print)

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Name of Homeowner (print)

\_\_\_\_\_  
Address, City, Province

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Witness (print)