

**Canadian Home Builders Association Medicine Hat & District
Awards of Excellence 2018
Homeowner (s) Waiver Form**

I/we, the undersigned, hereby give our permission to _____ (name of person) of _____ (name of company) to enter our home in the 2018 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)