BILD Medicine Hat Awards of Excellence 2023 Homeowner (s) Waiver Form

I/we, the undersigned, he	rby give our permission to	(name
of person) of	(name of company) to enter	our home in the 2023
BILD Medicine Hat Awards of Exc	ellence.	
We understand that the e	ntry will consist of written information a	about our home or
renovation project, as well as pho	otographs, drawings and/or plans. We ur	nderstand that by
providing permission we are not	allowed to revoke permission at any poi	nt once the waiver has
been signed.		
We further understand th	at the BILD Medicine Hat at its discretion	n will have the right to
use the photographs included in	the entry for marketing and promotiona	l purposes.
We also understand the BILD Me	dicine Hat will not at any time reveal the	civic address of our
, , , , , , , , , , , , , , , , , , , ,	nical location (e.g. town, municipality, cit	
	vill be noted when and as required (e.g.	media announcements
of finalists and winners).		
Homeowner:		
Homeowner.		
Date:		