



Clara Shea  
 Box 28141 Dartmouth, NS B2W 6E2  
 P (902) 434-6002, F (902) 435-7796  
[contact@mpwwa.ca](mailto:contact@mpwwa.ca)  
[www.mpwwa.ca](http://www.mpwwa.ca)

**RELEASE OF MATERIAL AND PERSONAL WAIVER**

I / We, the undersigned, do hereby grant the Maritime Provinces & Wastewater Association (“MPWWA”) a royalty- free, nonexclusive, perpetual, irrevocable, worldwide right and license to publish the material (the “Material”) identified below, in whole or in part, on the MPWWA website following the MPWWA Annual Training Seminar (Conference). In consideration of the grant of these rights, MPWWA will recognize me / us with having provided the Material in each instance where MPWWA publishes the Material, if I / we so wish to be recognized.

I/We hereby grant to MPWWA permission to tape, photograph, and record me/us and my/our surroundings, voice and conversation including quotes, paraphrases, sounds, and any performance, power point or otherwise, and/or to use my/our name, biographical information, and/or likeness in connection with MPWWA Annual Training Seminar.

I / We, the undersigned, represent and warrant that I/We are the sole owners of the Material and of all copyrights pertaining thereto and the grant of these rights to MPWWA, as well as the content of the Material, will not violate the rights of any third party, and that I / we have the requisite authority to grant these rights to MPWWA. I/We hereby release MPWWA from all liability and obligation to me of any and all nature whatsoever arising out of or in connection with the exercise of the rights granted above, including, without limitation, from any liability for infringement of copyright, violation of rights of privacy, publicity, defamation or any similar right.

I / We agree to indemnify, defend and hold MPWWA, its directors, officers, employees and agents harmless against any claims that allege breach of the foregoing representations and warranties. I / We understand that the grant of rights to MPWWA does not obligate the MPWWA to use or publish the Material.

**PRESENTATION TITLE**

**AUTHOR SIGNATURES**

By his/her signature below, each author certifies that he/she is over the age of 18, is fully authorized to sign this grant and release form, and agrees to be bound by its terms.

Contact Information	Co-Author #1
Name:	Name:
Email:	Email:
Company name:	Company name:
Author’s Signature:	Author’s Signature:
Date:	Date:
Co-Author #2	Co-Author #3
Name:	Name:
Email:	Email:
Company name:	Company name:
Author’s Signature:	Author’s Signature:
Date:	Date: