



ONTARIO SOLAR THERMAL HEATING INCENTIVE (OSTHI)

Consent and Release Form

Name of Applicant Organization: _____

Mailing Address: _____

Contact Person: _____

Telephone Number: (_____) _____

Facsimile Number: (_____) _____

Email Address: _____

By signing this Consent and Release Form, the Applicant:

1. Confirms to the Ministry of Energy (Ontario) that the Applicant is an ICI Entity situated in Ontario and the truthfulness and accuracy of information included in its application;
2. Agrees that if selected to receive an incentive under OSTHI, shall have the equipment that is funded through OSTHI be installed in its facilities located in Ontario;
3. Authorizes NRCan and consents to NRCan sharing with the Ministry of Energy (Ontario):
 - a. any and all of the information submitted in its application;
 - b. if selected to be a Recipient, any information that is provided to NRCan as required by the Contribution Agreement between NRCan and the Recipient; and
 - c. information and material of the Applicant (or later the Recipient, if applicable) and its project for solar heating equipment, that is created, developed or received by NRCan in the administration of ecoENERGY for Renewable Heat (collectively referred to as “the Applicant’s Information”);
4. Acknowledges that any of the Applicant’s Information in the custody or control of the Ministry of Energy (Ontario) may be required to be released in accordance with *The Freedom of Information and Protection of Privacy Act* (Ontario); and
5. In consideration of having its application received and considered by NRCan and the Ministry of Energy (Ontario) and other good and valid consideration, releases both Her Majesty the Queen in right of Canada and Her Majesty the Queen in right of Ontario, their respective Ministers, employees, appointees, agents and assigns from any liability, including costs arising out of the sharing of the Applicant’s Information between NRCan and the Ministry of Energy (Ontario).

Name of Authorized Person (please print) _____

Position of Authorized Person _____

Signature of Authorized Person _____ Date _____

dd / mm / yyyy