

ABBVIE IBD SCHOLARSHIP APPLICANT CONSENT FORM 2017

By signing below, the applicant authorizes Crohn's and Colitis Canada and its affiliates to publish, copyright, and use the information contained in this application in advertising and other promotional materials without prior approval, including display on the Internet. The applicant also authorizes Crohn's and Colitis Canada to contact him/her directly and to enter the applicant's information into Crohn's and Colitis Canada's patient database. Crohn's and Colitis Canada is authorized to share the applicant's information and individual story with mass consumer media.

In addition, should the applicant be selected to receive the scholarship, recipients may be called upon to share their stories with the mass consumer media (print, radio or television) either by phone or in person to help inspire others struggling to find ways in which to cope with the disease. Participation in the matters outlined in this paragraph is a condition to receipt of the scholarship. Should the applicant be unwilling or unable to comply with the requirements of this paragraph, an alternate scholarship recipient may be selected.

By signing, the applicant also authorizes their school to share information with Crohn's and Colitis Canada and its affiliates regarding the number of classes left to complete his/her degree, the cost per class and outstanding student accounts.

Please enter my application in the AbbVie IBD Scholarship Program. By signing below, I attest that I have read, understand and agree with the application criteria and that the information I have provided is both accurate and true and I agree to abide with the terms of the scholarship contained in the application form. I confirm that I am 18 years of age or older. I certify that I am not an employee of Crohn's and Colitis Canada or AbbVie or an immediate family member of a Crohn's and Colitis Canada or AbbVie employee.

Signature: _____ Date: ____/____/____

To be signed by parent/guardian if applicant is less than 18 years old at the time the application is submitted.

I acknowledge that I am the parent or legal guardian of the applicant and, in that capacity, understand the conditions under which he/she is entering his/her application in the AbbVie IBD Scholarship Program.

Parent/guardian signature: _____ Date: ____/____/____