



AUTHORIZATION

I, _____ authorize _____
to act as my Support Person, as described in the *Accessibility for Ontarians with Disabilities Act, 2005*.

By my signature below, I am giving my express consent to the aforementioned individual to accompany me to a meeting occurring on the premises of PPI Partners (“the Company”) on _____ for the purpose of witnessing and listening to the matters discussed with me during the meeting.

I further understand that my personal information, as well as financial information and circumstances, may be discussed during the meeting and that by providing this consent, I agree to indemnify and save harmless the Company, its partners and employees from any and all claims pursuant to the Freedom of Information and Protection of Privacy Act.

Dated this ____ day of _____, 20 ____.

Signature

Witness