

CONSENT TO USE OF PERSONAL INFORMATION AND PRIVACY POLICY CONFIRMATION

1. Personal Information Used to Manage your Participation

a. ATHLETES AND PARENTS/GUARDIANS OF MINOR ATHLETES

By clicking YES to "I Agree", you acknowledge and agree on your own behalf and/or on behalf of the Athlete listed below that your Provincial or Territorial Chapter may collect, use and/or disclose the personal information you have provided to your Chapter concerning yourself and the Athlete for the following purposes:

- (1) To establish your identity as parent/guardian (if applicable) and the identity of the Athlete;
- (2) To establish Athlete's eligibility to participate in Special Olympics activities, including but not limited to Regional, National or World Games;
- (3) To communicate with you and manage and administer the Athlete's participation in Special Olympics activities;
- (4) To enable effective handling of medical emergencies, including the transmission of medical information to treating medical practitioners and for purposes of alerting emergency contact person identified on the application form;
- (5) Where Athlete's participation involves interaction with other chapters of Special Olympics in Canada or internationally, to share the same information with those chapters for the same purposes as listed above.
- (6) To collate non-identifying information, together with other Special Olympics chapters in Canada, to engage in statistical analysis, study trends, develop new programming and enhance our current offerings.

b. VOLUNTEERS AND PARENTS/GUARDIANS OF VOLUNTEERS

By clicking YES to "I Agree", you acknowledge and agree that **your Provincial or Territorial Chapter** may collect, use and/or disclose the personal information you have provided to **your Chapter** concerning yourself and the Volunteer for the following purposes:

- (1) To establish the identity of the Volunteer;
- (2) To conduct reference and background checks to confirm skills and experience and fitness of the Volunteer to participate in Special Olympics activities;
- (3) To manage and administer Volunteer's participation in Special Olympics activities;
- (4) To enable effective handling of medical emergencies involving Volunteer, including the transmission of medical information to treating medical practitioners and for purposes of alerting emergency contact person identified on the application form.
- (5) Where Volunteer's participation involves interaction with other chapters of Special Olympics in Canada or internationally, to share the same information with those chapters for the same purposes as listed above.

PRIVACY POLICY

The personal information we collect from you is handled by all **Provincial or Territorial Chapter** staff, agents, and volunteers and by other Special Olympics chapters in Canada as applicable in accordance with their local privacy policy, a copy of which you can review at: <http://www.specialolympics.ca/legal>

Our privacy policies are periodically reviewed and revised to ensure that we handle your information appropriately and in accordance with best practices.

If you have any questions concerning the privacy policy of your Provincial or Territorial Chapter, please contact the name listed within the Privacy Policy referenced above.

AMENDING OR WITHDRAWING YOUR CONSENT

You may withdraw or revise your consent to the use of your personal information or submit a request to access the information maintained by your Provincial or Territorial Chapter. Details of how to withdraw consent and contact information for each Chapter’s Privacy Officer is included in their Privacy Policy which you can access via the above links.

ACKNOWLEDGEMENT AND CONSENT

By selecting YES to “I Agree”, I consent to the use of my personal information as indicated above, and to the handling of my personal information and that of the Athlete or Volunteer of whom I am the parent or legal guardian in accordance with the Privacy Policy of **my Provincial or Territorial Chapter** as it may be amended and revised from time to time

I Agree: Yes No

THIS PRIVACY POLICY CONFIRMATION

Has been duly executed on, _____, 20_____

Athletes Signature

Parent/ Legal Guardian Signature

Print Athlete Name

Relationship to Athlete