MEDIA RELEASE FORM

I A	gree: Yes No It Name	Signature ———————————————————————————————————	Date Date
I A	gree: Yes No	Signature	 Date
red			
	isonable ejjores to accommodate your con		
wh yo	hile Special Olympics will make every efform no decline consent, there is often media co ur Athlete participate. We cannot comple picted such instances. If this is a concern f asonable efforts to accommodate your con	overage of regional and national everty avoid the possibility that you of for you, please speak to event staff	ents in which you or or your Athlete are
	n this document, "Special Olympics" refers coll ovincial and territorial chapters of Special Olym		mpics Canada, and to the
***	* The permissions granted in this form may be SPECIAL OLYMPICS SASKATCHEWAN	withdrawn at a later date by contacting	3:
	Do not consent to the use by Special Olympics of my or my child's name, likeness, voice and/or words for promotional purposes.		
	Grant permission to Special Olympics ^[1] to use the name, likeness, voice and/or words of my minor child or ward *** (in the form of digital or print photographs, audio or video recordings, transcripts or testimonials) for elevision, radio, films, newspaper, magazine, websites, social media or in any other medium for the purpose or or or special Olympics and its events and/or or appealing for funds to support the activities of Special Olympics and hereby disclaim on my own behalf and on behalf of my child/ward any and all claims to ownership of, copyright in and/or moral rights in any such content.)		
	content).		