

MEDIA RELEASE FORM

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or ward _____

print name

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Do not consent to the use by Special Olympics of my or my child's name, likeness, voice and/or words for promotional purposes.

Signed at _____ this _____ day of _____, 20__

Participant

Parent/Guardian of minor or person without legal capacity to consent

**** The permissions granted in this form may be withdrawn at a later date by contacting: your chapter

[1] In this document, “Special Olympics” refers collectively and individually to Special Olympics Canada, and to the provincial and territorial chapters of Special Olympics in Canada

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