## NL Athlete Leadership Summit **REGISTRATION** April 24<sup>th</sup> – 26<sup>th</sup>, 2020 **Emmanuel Convention Centre**



Name:	Club:
Gender:   Male   Female	rgies/Dietary Requirement: Fill out Dietary Restriction Form eelchair Needs Wheelchair Accessible Room
Athlete Participant Athlete N	
WORKSHOP SELECTION (Please select one workshop only)  Athletes on Committees & Input Councils  Athletes & Power Point	
Athlete / Parent / Guardian / Mentor	Release
permission for the Athlete to participate in the Sp	erdian of the above-named athlete, hereby request ecial Olympics Newfoundland and Labrador Program. I sically and mentally able to participate in Special Olympics
and I, on my own behalf, hereby release, discharg Labrador Program Inc. from all liability for injury to permitting the Athlete to participate I am specific and words from the athlete in television, radio, fill form not heretofore described for the purpose of Special Olympics Newfoundland and Labrador Program not personally present at Special Olympics Nathlete is to compete or train, so as to be consulted.	ge that the athlete will be using facilities at his/her own risk to and indemnify Special Olympics Newfoundland and o person or damage to property of myself and entrant. In ally granting permission to you to use the likeliness, voice ms, newspaper, magazine, and other, media, and in any advertising or communicating the purposes and activities of orgram and in appealing for funds to support such activities. I ewfoundland and Labrador Program activities in which the ed in the case of necessity, you are authorized on my behalf ange for such medical and hospital treatment as you may the athlete.
Date	Signature
Print Name	Relationship to Athlete

Proud Supporters of Athlete Leadership:







