

By completing the following form, the undersigned acknowledges that they have viewed and agreed to the Special Olympics policies which are mandatory for participation. Failure to complete this form may result in the denial of registration application, or removal from Special Olympics programs.

Complete forms can be found at the following link, or through any Special Olympics Alberta

Affiliate: <https://www.specialolympics.ca/alberta/waivers>

DATE: _____

- I have viewed and agree to the terms set out in the Special Olympics Participation Waiver:

Initial_____

- I have viewed and agree to the terms set out in the Special Olympics Privacy Policy:

Initial_____

- I have viewed and agree to the terms set out in the Special Olympics Code of Conduct:

Initial_____

- I have viewed the Special Olympics Media Release Waiver and grant permission to Special Olympics to use the name, likeness, voice, and/or words of the athlete below:

YES NO

Initial_____

FOR ATHLETES WHO ARE THEIR OWN LEGAL GUARDIAN:

(ATHLETE'S SIGNATURE)

(PRINT ATHLETE'S NAME)

FOR ATHLETES WHO ARE NOT THEIR OWN LEGAL GUARDIAN:

(PRINT GUARDIAN NAME AND RELATIONSHIP TO ATHLETE)

(PRINT ATHLETE'S NAME)

(PARENT OR LEGAL GUARDIAN'S SIGNATURE)

Special Olympics Alberta

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