FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Consent to Release and Disclose Personal Information

I,_____ hereby grant permissions to Mount Royal University the right to collect, release and disclose my personal information as it relates to the programs and services provided by ASDC – Calgary Region. The ASDC – Calgary Region may reproduce, use, exhibit, display, broadcast and create derivative works of any written documentation, photographed or videotaped images of me for use in connection with the activities of the ASDC – Calgary Region programs or its partners for promoting, publicizing or explaining the ASDC – Calgary Region, its partners or its programs. This grant includes, without limitations, the right to publish such images in newspapers, magazines, PR/promotional materials, advertisements, fund-raising materials and any other related publication. These images may appear in a variety of formats and media available to Mount Royal University and its partners including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

List of personal information to be disclosed will include all information below; please check appropriate items that you would like to disclose:

☐ Name	☐ Hometown
☐ Age	☐ Current Club / Association
☐ Gender	☐ Hobbies
☐ Height	☐ Favorite Food
☐ Weight	☐ Superstitions
☐ Birthdate	☐ Favorite Athlete
☐ Sport	☐ Hero in Life
☐ Position / Discipline	☐ Favorite Movie
☐ Years in Sport	☐ Inspirations
☐ School	☐ Favorite Motto

I acknowledge by signing below that I have read and understood the contents of this form.

Name_____ Date _____

Signature_____

Parent/Guardian Release

I acknowledge that I have read this Consent to Release and Disclose Personal Information form and that I understand the words and language in it. By signing this I agree with the terms and stipulations of the Consent to Release and Disclose Personal Information and am agreeing to these terms on behalf of said minor. I also understand that this Consent to Release and Disclose Personal Information is valid for the duration of time that this minor participates unless rescinded through my written instructions.

Parent / Guardian Signature:_____ Date:_____

The information that you provide to Mount Royal University is collected under the authority of the *Post-secondary Learning Act of Alberta* and the *Freedom of Information and Protection of Privacy Act*. The information will be used to administer the ASDC – Calgary Region programs & services. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any questions about the collection and use of this information, please contact the ASDC – Calgary Region office at 403-440-8668.