



SPECIAL OLYMPICS NOVA SCOTIA

Consent to Collection, Use and Disclosure of Personal Information

VOLUNTEER CONSENT

Your personal information is handled in accordance with our Privacy Statement, which can be obtained by contacting Matt Quinn or Mark Landry at 429-2266.

By signing this consent form, you acknowledge and agree that Special Olympics Nova Scotia (“SONS”) may collect, use and/or disclose the personal information you have provided to SONS on your **Volunteer Registration, and/or Winter and Summer Provincial Games Application Forms**, or otherwise, for the following purposes:

- (1) To establish your identity;
- (2) To communicate with you about SONS programs and services;
- (3) To provide you with the SONS newsletter;
- (4) To establish your eligibility to participate in Regional, Provincial, National or World Games;
- (5) To manage and administer your participation in Regional, Provincial, National or World Games; and
- (6) To enable effective handling of medical emergencies.

Promotion and Fundraising

We may also use and/or disclose your personal information to the appropriate parties so that we may:

- (1) Solicit, manage and administer your participation in promotional and fundraising activities in support of SONS; and
- (2) Provide your name, likeness, voice and words to the media (including television, radio, film, newspaper, magazines and other media) for the purpose of advertising, promoting and appealing for funds in support of SONS.

If you consent to SONS collecting, using and disclosing your personal information for the above purposes, please check here

By signing this consent form, you acknowledge and agree that SONS may disclose the personal information you have provided to SONS on your **Volunteer Registration, and/or Winter and Summer Games Application Forms**, or otherwise, to our sister organization, Special Olympics Canada Inc. (“SOC”) for the following purposes:

- (1) To establish your identity;
- (2) To communicate with you about SOC programs and services;
- (3) To provide you with the SOC newsletter;
- (4) To establish your eligibility to participate in National or World Games;
- (5) To manage and administer your participation in National or World Games; and
- (6) To enable effective handling of medical emergencies.

Promotion and Fundraising

We may also disclose your personal information to SOC so that they may:

- (1) Solicit, manage and administer your participation in promotional and fundraising activities in support of SOC; and
- (2) Provide your name, likeness, voice and words to the media (including television, radio, film, newspaper, magazines and other media) for the purpose of advertising, promoting and appealing for funds in support of SOC.

If you consent to SOC collecting, using and disclosing your personal information for the above purposes, please check here

We may also use and/or disclose your personal information to our sister organization, Sports Celebrities Festival so that they may:

- (1) Solicit, manage and administer your participation in promotional and fundraising activities in support of SONS and SOC; and
- (2) Assign you to a corporate sponsor for promotional and fundraising purposes in support of SONS and SOC.

If you consent to Sports Celebrities Festival collecting, using and disclosing your personal information for the above purposes please check here

You may withdraw your consent to any of the above purposes at any time by (a) sending an e-mail to mquinn@specialolympicsns.ca or mlandry@specialolympicsns.ca (b) writing to: Matt Quinn or Mark Landry, Privacy Officers at 371 St Margarets Bay Rd, Suite 100, Halifax NS, B3N 1J8 or (c) calling (902) 429-2269.

Signature of Volunteer

Date

In the event that the above signed is under the age of majority or is an athlete currently involved in our programs, Please read and complete the following:

I, the undersigned parent or legal guardian of the above name volunteer, acknowledge that I have read the above *Consent to Collection, Use and Disclosure of Personal Information*. I hereby authorize and consent on behalf of the volunteer to the collection, use and disclosure of their personal information as provided above.

Signature of Parent/Legal Guardian

Date

Print Name