RELEASE AND WAIVER APPLICATION FOR UNIFIED SPORTS LEADER IN INCLUSION SCHOLARSHIP

(READ CAREFULLY BEFORE SIGNING)

APPLICANT'S FULL NAME (please print):	
DATE OF BIRTH:	
GUARDIAN'S FULL NAME (please pri	nt):
The Applicant hereby confirms that the in in Inclusion Scholarship (the "Application	nformation provided in the Application for Unified Sports Leader n") is complete and accurate.
legal representatives the irrevocable ri- recording, video recording or likenes ("Applicant's Image") in all forms and websites, broadcasts and any other public that ASAA cannot control unauthorized to	mools' Athletic Association ("ASAA"), its assigns, licensees and ght to use the Applicant's name, photograph, image, audio s, or any other information contained in the Application manner including but not limited to publication on internet cations as released to or by ASAA. The undersigned understand use of the Applicant's Image by persons not associated with the een published. The undersigned hereby forever waive any right the Applicant's Image by ASAA.
The undersigned agree to obtain Releases form of Release to be provided by the AS	s signed by any people in the video other than the Applicant in a
	and understand the above provisions and agree to be bound by irrevocably give their consent and agree to this Release and
SIGNED AT THE CITY OF, 20	, IN THE PROVINCE OF ALBERTA this day of
WITNESS	APPLICANT SIGNATURE
WITNESS	GUARDIAN SIGNATURE