

RELEASE OF INFORMATION

PARTICIPANT
INFORMATION

First
Name: _____

Last
Name: _____

Mailing
Address: _____

Date of
Birth: _____

Phone #: _____

COLLECTING PERSONAL
INFORMATION

I consent to the information in my volunteer registration being collected. My personal information is protected under [the Alberta Personal Information Protection Act](#) (PIPA) and will be protected and managed by _____ (organization name) I understand certain personal information may be made available to government departments and agencies under appropriate legislative authority. I confirm I am over the age of sixteen and understand the contents of this form. I am signing this waiver voluntarily.

You can withdraw consent at any time through written notice to _____ (contact name) at _____ (email address).

(Signature of Participant)