**APPLICATION FOR MEMBERSHIP**

*July 1 – June 30*

**MEMBER INFORMATION**

Name: Address:

City: Province: Postal Code:

Telephone (H) ( ) Telephone (Alt): ( )

E-Mail Address: Date of Birth: / /

Disability: Gender:

**MEMBERSHIP TYPE**

[ ] Adult ($20) [ ] Youth – 17 and under ($15) [ ] Family ($30)

Fee enclosed:$ .

Please make cheques payable to Manitoba Wheelchair Sport Association

**SPORT INFORMATION**

What sport(s) are you interested in?

[ ] Wheelchair Basketball [ ] Wheelchair Rugby [ ] Wheelchair Tennis [ ] Other

**ACCEPTANCE OF MEMBERSHIP TERMS**

* I realize that, with this Membership, I may be subject to unannounced drug testing as provided for by Wheelchair Basketball Canada’s and Canadian Wheelchair Sport Associations’ agreement with the Canadian Centre for Ethics in Sport.
* In consideration of my acceptance as a member of MWSA, I hereby agree to follow all policies, procedures, rules and regulations set out by MWSA.
* I understand that MWSA retains personal information about me in their files. I accept the use of my personal information for the purposes described in accordance with MWSA’s *Privacy Policy,* which is available by contacting the MWSA office.

**I agree to the above terms of Membership, upon my admission to Manitoba Wheelchair Sport Association as a member.**

Signature (Guardian if under 18) Date:

*Forms and payment can be submitted to:*

*Manitoba Wheelchair Sport Association, 401 – 145 Pacific Ave, Winnipeg, MB, R3B 2Z6*

*Ph: 204-925-5790 – Fax: 204-925-5792 – office@mwsa.ca*



**MANITOBA WHEELCHAIR SPORT ASSOCIATION**

(“MWSA”)

**PERSONAL RELEASE FORM**

**Name:**

**Address:**  **Ph:**

**Fax:**

MWSA may, from time to time, use photographs, videos, stories or quotes, for example, to promote MWSA and its programs and services

I, the undersigned, hereby acknowledge and agree that:

MWSA, its directors, officers, employees, agents, affiliates, licensees, successors, and assigns have the following non-exclusive irrevocable right, but not the obligation

1. to use any photograph(s) and/or film clip(s) of me in still(s), videotape or other forms, to use or incorporate my name, picture, silhouette, voice, identity, and other reproductions of my physical likeness (“Appearance”) and to interview me, use my words and to quote me (the “Licensed Materials”), and;

2. to advertise, broadcast, distribute, exhibit, promote, publicize, reproduce, or otherwise exploit the Licensed Materials and/or my Appearance, throughout the world, in perpetuity, in all media now known and hereafter devised, including without limitation in television, print materials, and on the internet; and

3. to edit the Licensed Material and/or my Appearance and to use or incorporate same in any manner or form MWSA decides is appropriate and suitable.

MWSA has the right to assign any of its rights under this Agreement.

I represent and warrant to MWSA that I am fully authorized to grant the rights provided

for herein.

**AGREED AND ACCEPTED:**

Dated this \_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_\_.

Releasor Signature Print Releasor Name