

CONTACT INFORMATION RELEASE
REGULAR MEMBER - ORGANIZATION

AS THE DESIGNATED REPRESENTATIVE OF A NON-PROFIT ORGANIZATION THAT IS OPEN TO THE PUBLIC, SOHL REQUESTS THAT YOU COMPLETE ANY OR ALL OF THE SECTIONS IN THE BELOW FORM. SOHL ENCOURAGES YOU TO PROVIDE SOME METHOD OF CONTACT INFORMATION THAT CAN BE RELEASED IN CASE OF INQUIRY ABOUT YOUR ORGANIZATION AND ITS SERVICES. BY RELEASING SOME OR ALL OF THE BELOW INFORMATION, YOU ACKNOWLEDGE THAT YOU ARE ALLOWING SOHL TO POST THE INFORMATION ON ITS WEBSITE, AND TO PROVIDE THE INFORMATION IN CASE OF ANY DIRECT INQUIRIES ABOUT YOUR ORGANIZATION AND ITS SERVICES. SOHL WILL NOT SHARE THIS INFORMATION WITH ANY THIRD PARTIES.

I HEREBY AUTHORIZE THE SASKATCHEWAN ORGANIZATION FOR HERITAGE LANGUAGES INC. TO RELEASE THE CONTACT INFORMATION LISTED BELOW:

NAME OF REPRESENTATIVE: _____

ORGANIZATION/SCHOOL NAME: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

WEBSITE: _____

I HEREBY RELEASE the Saskatchewan Organization for Heritage Languages Inc. and all of its officers, directors, and employees from any claim, cause of action, suit, demand or liability of any kind or nature whatsoever in connection with distribution of such information. I hereby indemnify and save harmless the Saskatchewan Organization for Heritage Languages Inc. and all of its officers, directors and employees from any claim, cause of action, suit, demand or liability of any kind or nature whatsoever.

THIS AGREEMENT is binding. One signature, by the Organization's President, Principal or Coordinator is required. By signing this form you are allowing SOHL to release the information listed above. You may amend or rescind this authorization at any time by submitting a written request to SOHL.

DATED at _____, Saskatchewan, this _____ day of _____, 2018
(city) *(day)* *(month)*

DESIGNATED REPRESENTATIVE NAME	TITLE	SIGNATURE
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For Office Use: Received by SOHL

Date: _____ Signature: _____