



**LEARNING DISABILITIES ASSOCIATION OF ALBERTA
TROUBLES D'APPRENTISSAGE—ASSOCIATION DE L'ALBERTA**

P.O. Box 29011, Lendrum P.O., Edmonton, AB T6H 5Z6 www.ldaa.ca
Phone: (780)448-3360 Fax: (780)438-0665 E-mail: info@ldaa.ca



*Supporting
people with
learning
disabilities so
they can
develop to
their full
potential.*

Application Form for the Mandin Award

Name of Contact Person: _____

Current Address: _____

City: _____ Postal Code: _____

Telephone Number: _____ E-mail: _____

I hereby declare that _____ has been formally diagnosed with a learning disability(ies)/ADHD and is eligible for this award. If required, I am willing to provide verification of diagnosis. I understand that if such information is required that it will be kept strictly confidential.

signature

PLEASE ATTACH A LETTER OUTLINING THE FOLLOWING:

1. The child's name that is requesting the funds
2. How the funds will be used. If the funds will not completely fund the project, please list additional sources.
3. How the funds will help the child or group of children.

Please mail your application to:

THE MANDIN AWARD COMMITTEE

C/o the Learning Disabilities Association of Alberta

P.O. Box 29011, Lendrum P.O.
Edmonton, Alberta
T6H 5Z6

APPLICATION DEADLINE FOR THE 2007 AWARD IS SEPTEMBER 30, 2007



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EXCLUSION OF LIABILITY AND ASSUMPTION OF RISK

We hereby release and forever discharge, and do agree to indemnify and save harmless, the Learning Disabilities Association of Alberta and their employees, volunteers, or board members from all claims, demands, damages, actions, or causes of actions arising from or relating to participation in any aspect of the Mandin Award, and from any claims or demands whatsoever in law or equity, or heirs, executors or administrators may have in relation to the Learning Disabilities Association of Alberta, except in cases of proven negligence on behalf of the Learning Disabilities Association of Alberta's staff.

I, the undersigned, hereby consent to the use, reproduction and publication of Mandin Award application information, photographs, both moving and still pictures, of the recipients of the Mandin Award, taken on behalf of the Learning Disabilities Association of Alberta as such may be deemed desirable in the interests of the general public for an unlimited period of time on a non-exclusive basis.

Collection of the information, photographs, moving pictures, video or audio recordings and still photographs is authorized under the FOIP Act, Section 32 (c), and is required for the purpose of awarding the Mandin Award, administered by the Learning Disabilities Association of Alberta.

The award information, photographs, moving pictures and video or audio recording will be used for promoting, and preserving the history of the Learning Disabilities Association of Alberta Mandin Award, and are subject to the disclosure rules set forth in the Freedom of Information and Protection of Privacy Act.

We have been given an opportunity to ask any questions that we may have. We have fully informed ourselves of the outcomes of this release form by reading it before we signed it.

Award Recipient Name

Award Recipient Signature

Parent/Guardian Name

Parent/Guardian Signature

Date

