

# Responsible Organization Accreditation Application Form Registration and Acknowledgement



**ORGANIZATION NAME**  
(to appear on accreditation card)

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**ORGANIZATION ADDRESS**

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CITY

POSTAL CODE

**COUNTRY**

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**TELEPHONE NUMBER**  
(including area code)

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**NAME OF ORGANIZATION'S APPOINTED  
ACCREDITATION LIAISON OFFICER (ALO)**

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**EMAIL ADDRESS OF ALO**

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**APPROXIMATE NUMBER OF  
INDIVIDUALS TO BE REGISTERED  
BY RESPONSIBLE ORGANIZATION (RO)**

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**AUTHORIZATION SIGNATURE**

**AUTHORIZED REPRESENTATIVE OF RO:**  
(Please print)

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**SIGNATURE**

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**DATE**  
(DD/MM/YYYY)

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PRESENTED BY



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## RESPONSIBLE ORGANIZATION ACCREDITATION & MEDICAL INFORMATION FORM

The Canadian International Military Games Corporation ("**CIMGC**") is collecting personal information for the accreditation process during the Invictus Games Toronto 2017 (the "**Games**"). *Personal information requested will be collected, used and disclosed in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA), SC 2000, C. 5, as amended.* The collection of personal information is necessary for security, which is an integral component of CIMGC's mandate to plan, host and stage the Games. The personal information collected may be shared with the Toronto Police, led by the security team at CIMGC, for the purpose of assessing applications for accreditation and used by CIMGC for the ongoing administration of the accreditation program. Responsible organizations are officially recognized by CIMGC as the interlocutors for the conduct of business directly related to the Games and for the administrative task of processing all necessary accreditation documents ("**Responsible Organizations**"). This ensures a centralized coordination of the accreditation process. Should you have any questions concerning the collection, use or disclosure of your personal information, please contact the Canadian International Military Games Corporation, P.O. Box 20060, Bay/Adelaide Post Office, Toronto, Ontario, Canada M5H 0A1.

To facilitate the collection of such personal information, CIMGC requires that a representative from each Responsible Organization be appointed to collect and submit the personal information of individual employees, contractors or agents, members, and guests of members (as the case may be) of the Responsible Organization seeking accreditation (the "**Accreditation Liaison Officer**" or "**ALO**"). Personal information will be submitted by the ALO to CIMGC through the online accreditation portal. Requests related to changes to personal information or accreditation/access levels will only be made by the ALO to CIMGC accreditation staff. CIMGC will not accept such requests from individual employees, contractors or agents of the Responsible Organization.

For clarity, the personal information provided may be shared by the Toronto Police with the Government of Canada for purposes of granting accessibility to various secure zones and official venues of the Games ("**Security Checks**"). The information may be collected by the Royal Canadian Mounted Police (**RCMP**) for security purposes under the authority of the *Royal Canadian Mounted Police Act*, R.S.C. 1985, c. R-10 and the *Royal Canadian Mounted Police Regulations*, 2014, SOR/2014-281. The information requested is essential for the Security Checks and should it not be provided, accreditation will not be granted. Any information gathered by the Royal Canadian Mounted Police will be stored and may be shared with other Government of Canada institutions and may be disclosed pursuant to the *Privacy Act*, R.S.C. 1985, c. P-21. Under the *Privacy Act*, R.C.S. 1985, c. P-21, individuals have the right to the protection of, access to and correction of their personal information. More specific information can be found at [infosource.gc.ca](http://infosource.gc.ca).

The recommendation from any Security Checks will be communicated by CIMGC to the ALO, advising the ALO of all individuals recommended for accreditation. It is the responsibility of the ALO to communicate this recommendation to the individuals on behalf of whom personal information was submitted, and to comply with any legislation and/or collective agreements applicable to such communication.



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This following section only applies to Accreditation Liaison Officers or “ALOs” registering individuals who are competitors, team officials and friends and family.

**Individuals must be advised by the Responsible Organizations that answering the medical questions set out below is VOLUNTARY AND OPTIONAL.**

The purpose of these medical questions is so that CIMGC is better equipped to respond to a medical emergency, where an individual is unable to communicate with ambulance and health care providers. For privacy purposes, answers to the medical questions below will be attached to the individual’s accreditation sleeve in such a way that it will not be readily visible to third parties. **IT IS THE RESPONSIBILITY OF EACH INDIVIDUAL TO SAFEGUARD HIS/HER ACCREDITATION BY KEEPING IT ON HIS/HER PERSON AT ALL TIMES OR BY GIVING IT TO A TRUSTED TEAM MANAGER, FAMILY MEMBER OR FRIEND DURING COMPETITION.** If an individual chooses NOT to answer the medical questions below, they should ensure that a trusted team manager, family member or friend has a full understanding of their medical history (e.g. medical conditions; current medications; allergies; etc.), which can be conveyed to ambulance and health care providers should an emergency arise.

Medical Conditions	Please list the applicant’s medical conditions and past surgeries.	Competitors
Medications	Please list medications the applicant is currently taking	Competitors
Allergies	Please list all drug, food and/or environmental allergies.	Competitors
Decision Maker	Is the applicant capable of making decisions regarding their own medical care?	Competitors Friends & Family
Decision Maker (Continued)	If the answer to the previous field was “no”, please provide the name of the decision maker.	Competitors Friends & Family



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## DECLARATION

I, the undersigned, declare that I have been duly appointed by the Responsible Organization as its ALO and have been authorized in writing, to act on behalf of the Responsible Organization and as its ALO, declare that: (a) the Responsible Organizations will notify in writing all individuals on behalf of whom it will be providing personal information, (of the collection, use and disclosure of their personal information for the purposes set out above including obtaining the authorization and consent of each such individual); and that (b) the personal information provided by the Responsible Organization on behalf of the individual is (to the best of the Responsible Organization's knowledge), accurate, up to date and complete.

I also declare that prior to receipt by CIMGC of personal information provided by the Responsible Organization, all individuals will have provided their consent to their Responsible Organizations, in writing, for the collection, use and disclosure of their personal information for the purposes set out above.

I finally declare that I have been authorized in writing by the Responsible Organization and all individuals on behalf of whom I will be providing personal information, to receive from CIMGC the results of the accreditation.

NAME OF ACCREDITATION  
LIAISON OFFICER (ALO)

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SIGNATURE

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DATE  
(DD/MM/YYYY)

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PRESENTED BY

