

WINS Handcraft Competition 2025 Waiver

Name: _____

Branch: _____

Phone Number: _____

By signing below, I agree and understand that it is my responsibility to deliver my item to the 2025 Annual General Meeting Handcraft Committee Table. While my item is in the care of the Committee, every attempt will be made for its safe-keeping and care. I release the Women's Institutes of Nova Scotia, its Members and staff from any loss or damage to my handcraft item.

Signature: _____

Date: _____

Privacy Statement - The Women's Institute of Nova Scotia protects your personal information by adhering to the Freedom of Information and Protection of Privacy Act and other legislative requirements with respect to your privacy. We use and we may share your personal information with WINS partners to provide program services, to administer program activities and services, to keep you informed about WINS activities and services, for statistical and research purposes, to satisfy government and regulatory obligations and to contact you from time to time regarding WINS program activities and services. We may share and release your personal information for program and services and for activity publicity which may include the release of your name, your photograph, the WI Branch, the community and the county that you are from. By completing and signing this form, you understand and are consenting to the use of and sharing of necessary information as described above. For more information, contact the Women's Institute of Nova Scotia by letter at: Women's Institute of Nova Scotia, 208-90 Research Drive, NS, B6L 2R2 or email winovascotia@gmail.com.

For Committee Use Only	
Display Number	