

NOTIFICATION OF RISK

Participants Informed Consent Form (Under 18 years old)

Ortona Gymnastics Club
c/o University of Alberta
11610-65 Ave, Edmonton AB T6G 2E1
(780) 492-7300

PARTICIPANTS NAME:

EMERGENCY CONTACT INFORMATION

LAST NAME: _____

CONTACT: _____

FIRST NAME: _____

PHONE: _____

or

PHONE: _____

RISK:

I, _____ give my consent for my child _____
(Print Parent's full name) (Print Child's full name)

to participate in Ortona Gymnastics Club programs **understand and acknowledge that travelling to and from and participation in a program offered by Ortona Gymnastics Club may result in personal injury** (including but not limited to Injury to internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and paralysis or brain damage) **and property damage or loss**. I fully understand these risks and give my son/daughter permission to participate in the programs offered by Ortona Gymnastics Club.

RULES:

I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to inform my son/daughter of the importance of abiding by the rules and regulations set down by Ortona Gymnastics Club.

MEDIA RELEASE:

I hereby grant to Ortona Gymnastics Club the right to use, without payment of any fee or charge, any written information (excluding information contained on the Medical Form) photograph, videotape or other visual media of my son/daughter taken during the program(s) for the purpose of furthering Ortona Gymnastics Club objectives.

OR **(PARENTS/GUARDIAN YOU NEED TO SELECT ONE OR THE OTHER PLEASE)**

I hereby do not grant to Ortona Gymnastics Club the right to use, without payment of any fee or charge, any written information (excluding information contained on the Medical Form) photograph, videotape or other visual media of my son/daughter taken during the program(s) for the purpose of furthering Ortona Gymnastics Club objectives.

I, as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Informed Consent Form in its entirety.

I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved and to inform him/her of the importance of abiding by the rules and responsibilities.

Parents/Guardian Signature: _____ Date: _____

Witness Signature: _____ Witness Name: _____

Personal information collected from you is collected under the authority of the Freedom of Information and Protection of Privacy Act, and will be used to administer program registrations and membership management. In order to better provide you with our services, we will, from time to time, share information with AGF (Alberta Gymnastics Federation) and Gymnastics Canada who perform services on our behalf. We never sell, lease or trade information about you or your accounts to other parties, unless you authorize us to do so, or unless required or permitted by privacy legislation. For more information about the collection and use of this information please contact the Alberta Gymnastics office at 403-259-5500.