

NOTIFICATION OF RISK

Participants Informed Consent Form (Over 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, the undersigned **understand and acknowledge that traveling to and from and participation 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 herby agree to participate in the programs offered by Ortona Gymnastics Club voluntarily and at my own risk.

RULES:

I understand that the rules and regulations are designed for the safety and protection of participants and herby agree to abide 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 myself taken during the program(s) for the purpose of furthering Ortona Gymnastics Club objectives.

OR

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 myself taken during the program(s) for the purpose of furthering Ortona Gymnastics Club objectives.

LIABILITY:

In consideration of acceptance of my entry in the Ortona Gymnastics Club’s program, I, intending to be legally bound, agree to RELEASE, SAVE HARMLESS AND INDEMNIFY Ortona Gymnastics Club’s directors, employees, instructors and/or its agents from and against all claims, actions, costs and expenses and demands in respect to death, injury, loss or damage to my person or property whosoever and howsoever caused, arising out of, or in connection with my association with or entry in this program or which may arise out of my traveling to or participating in and returning from this program.

I confirm that I am of the full 18 years, have read, understood and agree to the contents of this Informed Consent Form in its entirety.

Participants 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 an duse of this information Place contact the Alberta Gymnastics office at 403-259-5500.