



(Name of event)

(Date of event)

## PARTICIPANT'S INFORMED CONSENT & FORM (18 & Over)

### PLEASE READ CAREFULLY

#### Risk:

I, the undersigned understand and acknowledge that participation in the (Name of event) may result in personal injury (*including but not limited to: injury to bones, joints, ligaments, muscles, tendons, internal organs, and other aspects of the skeletal system and potential impairment to other aspects of the body, and in rare occurrences, death, complete or partial paralysis, or brain damage*) and property damage or loss. I fully understand these risks and hereby agree to participate in the (Name of event) voluntarily and at my own risk.

#### Rules:

I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules and regulations set down by the (Name of event).

#### Media Release:

I hereby grant to (organizing committee, club name, organization) the right to use, without payment of any fee or charge, any written information (excluding information contained on the Medical Form), photograph, video tape or other visual media of myself taken during the (Name of event) for the purpose of furthering (organizing committee, club name, organization) objectives.

#### Liability:

In consideration of your acceptance of my entry in (Name of event) , I, intending to be legally bound, agree to RELEASE, SAVE HARMLESS AND INDEMNIFY Gymnastics Canada Gymnastique, Gymnastics BC, the Organizers 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 wheresoever and howsoever caused, arising out of, or in connection with my association with or entry in the above athletic meet or which may arise out of my traveling to or participating in and returning from the said athletic meet.

I further agree to HOLD HARMLESS AND INDEMNIFY Gymnastics Canada Gymnastique, Gymnastics BC, the Organizers and/or its agents from any and all actions, claims, demands, losses, judgments or costs of any nature to any third party resulting from my association with or entry in the said athletic meet and I agree not to make any claims or take any proceedings against any person, society, corporation or other legal entity who might claim contribution or indemnity from Gymnastics Canada Gymnastique, Gymnastics BC, the Organizers and/or its agents in respect of matters which are subject of this Release. I agree that this Release shall bind my heirs, executors, administrators and assigns.

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

Date: \_\_\_\_\_ Participant Name: \_\_\_\_\_



Participant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_