



## PROGRAM RELEASE & WAIVER

Name of Participant: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Accompanying Adult (if participant is required to have one): \_\_\_\_\_

**THE DETERMINATION FOR THE NEED FOR ANY ADULT SUPERVISION THAT COULD BE REQUIRED FOR THIS ACTIVITY WILL BE SOLELY THE RESPONSIBILITY OF CHAMPIONS GYMNASTICS INC.**

- I acknowledge, understand, accept and agree that CHAMPIONS GYMNASTICS Inc. has tried to create a safe and controlled environment for safe participation and that it has established rules for participation on and about the gymnastics area that must be followed by the participant.
- I acknowledge, understand, accept and agree that failure to comply with any such rules may result in removal from the gym. CHAMPIONS GYMNASTICS Inc. reserves the right, at its absolute discretion, to remove a participant from the gym and/or property for the failure to adhere to any rule without refund or other recourse accruing to such participant.
- I acknowledge, understand, accept and agree to abide by all "Gym Rules" as posted in the gym from time to time.
- I acknowledge, understand, accept and agree that I, and my child, must abide by any and all additional "Gym Rules" which may be posted in the gym, dictated, published and/or circulated from time to time.
- I acknowledge, understand, accept and agree that gymnastics and other activities offered at CHAMPIONS GYMNASTICS Inc., may involve a certain element of risk, which may result in bodily injury (including the risk of severe or fatal injury) to myself or my child/ward. These risks include, but are not limited to: All manner of injuries of a muscular or soft tissue nature (including bruises, scrapes, cuts etc., from executing strenuous and demanding physical activities, collisions with any part of the facility, its content and other participants and failure in the proper execution of techniques. All manner of injuries resulting in sprains, dislocations, concussions fractures, hematomas, whiplashes, contusions, pulled or strained muscles, torn ligaments, muscles and tendons, joint strains and sprains and bruising to the tail bone, wrists, legs, arms, neck and back, as well as heart attacks/ strokes, head and facial, eye and/or dental injuries. All manner of spinal cord injuries. All manner of injuries, severe or fatal, resulting from cuts, tears, bruises or punctures. All manner of transmitted diseases of various types. All manner of medical issues resulting from heat exhaustion, asthma, communicable diseases, skin rashes and cramps. All manner of internal injuries of body parts and organs and trauma to the larynx and pharynx.
- I acknowledge, understand, accept and agree that my child may become fatigued and may experience pain, frustration and performance anxiety.
- I acknowledge, understand, accept and agree that gymnastics may require the Coach to perform some manual spotting which involves direct physical contact and is designed to assist the participant in the safe performance of the program skills.
- I acknowledge, understand, accept, agree and hereby confirm that I, or my child, am/is fit to participate in gymnastics and that I am unaware of any physical or mental condition or impediment, which would prevent or hinder myself or my child from participating safely in the programs at CHAMPIONS GYMNASTICS Inc. I confirm that I have accurately reported and disclosed any medical information (physical and mental) to CHAMPIONS GYMNASTICS Inc., which is necessary for the proper gymnastics involvement and care of the above-mentioned child/person.
- I hereby authorize that basic first aid to be delivered to myself or my child by CHAMPIONS GYMNASTICS Inc. or other authorities. By administering basic first aid when required or requested, CHAMPIONS GYMNASTICS Inc. in no way warrants or assumes any liability in relation to the administration of such basic first aid.
- I acknowledge, understand, accept and agree that, in the case of an emergency CHAMPIONS GYMNASTICS Inc. assumes no responsibility or obligations relative to any cost or expense related to carrying out any emergency procedures and/or emergency transportation for myself or my child.
- I acknowledge, understand, accept and agree that a portion of the registration fee to CHAMPIONS GYMNASTICS Inc. is paid to the Alberta Gymnastics Federation (A.G.F.) and is allocated to the annual A.G.F. General Liability Insurance Policy should an injury/accident occur, while a participant at CHAMPIONS GYMNASTICS Inc. This cost is compulsory cannot be waived.
- In consideration of the acceptance of my participation and/or of my child's participation I, intending to be legally bound, do hereby, for myself and/or my child, heirs, executors and administrators **waive the right to sue** CHAMPIONS GYMNASTICS Inc. I, also **release forever and discharge** any and all rights and claims for losses, damages and/or injuries which I and/or my child may have or may hereafter accrue against CHAMPIONS GYMNASTICS Inc., or its respective officers, agents, representatives, employees, volunteers, officials, sponsors, directors, instructors or independent contractors for any losses, damages and injuries which may be sustained and suffered by me and/or my child in connection with our association with or entry in the above athletic activity or which may arise out of our participating in said athletic activity.

**Alberta Freedom of Information and Protection of Privacy Act (FOIP)**

\* By signing above, you consent to have the information in this document collected by the Owners of Champions Gymnastics Inc. The personal information requested in this document is collected under the authority of Champions Gymnastics Inc. and under Section 33 of the FOIP Act to allow participation in CHAMPIONS GYMNASTICS Inc.'s programs. Certain personal information may be made available to Federal and Provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta FOIP Act.

**Please consult Champions Gymnastics' Privacy Policy, which is available for consultation at the gym and on our website (www.championsgymnastics.ca)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Failure to sign and return this waiver form will result in not being admitted in the gym.**

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\* I allow CHAMPIONS GYMNASTICS Inc., to use pictures of my child for their promotional purposes, unless I specifically indicate otherwise in writing to CHAMPIONS GYMNASTICS Inc. NO  YES

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\* Do you wish to receive E-mail Newsletters from CHAMPIONS GYMNASTICS Inc.? NO  YES

E-mail address: \_\_\_\_\_

### IF participant is UNDER 18 years of age

NAME OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### IF participant is AT LEAST 18 years of age

Signed: \_\_\_\_\_ Date: \_\_\_\_\_