

Medical Consent Form and PIPEDA/PIPA RELEASE FORM

1.0 The personal information you provide to Chinook Rhythmique Gymnastic Club, and different organizing committees for Provincial and National events, is collected under the authority of the PIPEDA privacy bill for Canada. It is used to determine your eligibility for competitive and recreational opportunities, age related events, to facilitate your enrollment, to administer and evaluate programs/courses of benefit to gymnasts, coaches, Board Members, volunteers and judges, and for insurance and statistical purposes. It may be necessary to disclose this information to major funding bodies in order to verify registration and meet the funding requirements. This information will be transferred in a safe format. It will be password protected if it is transferred electronically, or it will be sent as hard copy.

2.0 Registration information required may include: name, age, birth date, address, gender, emergency contact information in case of accident or illness, previous movement experience, position within the club or provincial governing structure, volunteer experience, judging level attained, coaching level attained, performing and/or competitive level attained and citizenship information. Staff members and senior volunteers may have the following information collected and retained: coaching experience, performance appraisals, appointment records, resumes and letters of reference, university equivalency/course information for different aspects of coaching training, attendance records, coach certification numbers, certifications and equivalencies.

Chinook Rhythmique Gymnastic Club IMAGE RELEASE FORM

Participants at Local, Provincial and National events held in Canada may have their image, likeness, name (excluding personal address, phone, fax number, and/or email address), province, city/town, and club, as well as (if applicable/relevant) rank within Canada and previous performing, competitive, judging, choreography or coaching history, used in publications and on the internet by as well as its agents, organizing committees and sponsors from time to time. When signing this form, gymnasts, volunteers, coaches, team managers, judges and, in the case of minors, their parent/guardian, agree that they have the authority to provide this authorization/approval to GCG and its agents, and sanctioned organizing committees. A facsimile, a scanned and emailed copy, or a photocopy of this form shall be deemed to constitute an original signed document.

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT**

In consideration of participating in the Chinook Rhythmique Gymnastic Club (Events, Performances, Trips, Training sessions, Workshops, Camps) I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Chinook Rhythmique Gymnastic Club, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the MEDICAL CONSENT FORM, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT,

I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

By clicking "I agree" you are indicating that you have read and agree to the above MEDICAL CONSENT FORM, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT