NOTIFICATION AND ASSUMPTION OF RISK, CONSENT TO FIRST AID TREATMENT, AND RELEASE OF LIABILITY AND WAIVER OF CLAIMS

Club Name: **Precision by** Academy Of Gymnastics Inc.

Gymnastics Club's Programs are defined and include all multiple gymnastics related activities, including, but not limited to, the following:

- Recreational / Gymnastics For All;
- Women's and Men's Artistic;
- Competitive Trampoline and Tumbling;
- Acrobatics;
- Birthday Parties;
- Drop-in Sessions;
- Cheerleading; as per AGF guidelines
- Urban Gymnastics (Parkour) and Circus Training; as per AGF guidelines
- General acrobatics and fitness; and
- Similar activities.

(Hereinafter collectively referred to as the "**ACTIVITIES**").

DESCRIPTION OF RISKS:

I am aware that the **ACTIVITIES** involve inherent risks, dangers and hazards, both known and unknown, that are associated with unique movement patterns and skills, which may, in some circumstances be executed on specialized apparatus. I understand that similar risks are also inherent in using equipment associated with the ACTIVITIES, and any other devices, apparatus or attractions present at the facility. I understand the risk of negligence on the part of the Gymnastics Club and its employees, volunteers and representatives, including the failure on the part of same to take reasonable steps to safeguard or protect the participants from the risks, dangers and hazards, both known and unknown, of participating in the ACTIVITIES. **I acknowledge that personal harm or injury may be sustained during my/my child's involvement in the ACTIVITIES, including, but not limited to, broken bones, head / neck injuries, concussion, dislocations, tendon and ligament damage (including sprains), damage to teeth and dental work, spinal injuries (that could result in various degrees of paralysis), and death. I acknowledge and assume the potential risks and consent to my/my child's participation in the ACTIVITIES.**

CONSENT TO PARTICIPATION:

- I/my child have/has been informed that I/he/she is to abide by the rules and regulations including directions and instructions from the administrators, instructors, coaches, and supervisors as imposed on me/my child while participating in the ACTIVITIES.
- In the event that I/my child fails to abide by the rules and regulations imposed on me/my child while participating in the ACTIVITIES, disciplinary action may either require that I/he/she not participate in the ACTIVITIES, or that I will leave/be contacted to have my child picked up or transported home at my own expense.
- I acknowledge that I/my child am/is in good health, and in proper physical condition to participate in the ACTIVITIES, and I acknowledge it is my responsibility to notify the staff of any physical or mental concerns for me/my child which may affect my/my child's participation in the ACTIVITIES.
- I acknowledge that the ACTIVITIES may require an instructor, coach, employee or supervisor to perform some manual spotting which involves direct physical contact with me/my child and designed to assist the participant in the safe performance of the program skills, and I consent to same.

RELEASE OF LIABILITY AND WAIVER OF CLAIMS:

I confirm that I have read the above description of risks and understand the risks involved in participating in the Gymnastics Club's program and ACTIVITIES. I confirm that I voluntarily and freely accept all such risks and choose to participate/allow my child to participate in the Gymnastics Club's program and ACTIVITIES. I accept full responsibility for my own/my child's actions.

In consideration of being allowed to participate in the Gymnastics Club's program and ACTIVITIES, I hereby agree as follows:

To waive any and all claims that I have or may have in the future against, and to release and discharge from any and all liability, the Gymnastics Club, it's directors, officers, employees, consultants, agents, contractors, volunteers, and representatives, and their respective successors and assigns, or any of them in connection with or participation in the Gymnastics Club's program and ACTIVITIES (collectively, the "**Releasees"**), for any and all of the following:

- Personal injury;
- Death;
- Property damage; and/or
- Any other loss, damage or expense,

arising from any cause whatsoever, including negligence (including, but not limited to, negligence caused by my own actions or inactions, those of others participating in the ACTIVITIES, the conditions in which the ACTIVITIES take place, or negligence of the Releasees), breach of contract, or breach of any statutory duty or other duty of care, on the part of the Releasees, and further including the failure on the part of the Releasees to take reasonable steps to safeguard or protect me from the risks, dangers and hazards of participating in the Gymnastics Club's program and ACTIVITIES. I further agree to indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage or cost which any may incur as a result of a claim, brought by myself or anyone on by behalf, against any of the Releasees.

AUTHORIZATION OF FIRST AID IN CASE OF EMERGENCY AND INDEMNIFICATION OF COSTS:

I hereby authorize basic first aid to be delivered to me/my child by the Gymnastics Club's staff or other authorities. By administering first aid when required or requested, the Gymnastics Club in no way warrants or assumes any liability in relation to the administration of such basic first aid.

I further understand and agree that, in the case of an emergency, the Gymnastics Club assumes no responsibility or obligation relative to any cost or expense related to carrying out an emergency procedure and/or emergency transportation for me/my child and I agree to pay for such costs and expenses and shall indemnify and reimburse the Gymnastics Club for any such costs or expenses that it incurs.

I confirm and agree that this Notification and Assumption of Risk, Consent to First Aid Treatment, and Release of Liability and Waiver of Claims shall be governed by the laws of the Province of Alberta. I confirm and agree that if any portion of this Notification and Assumption of Risk, Consent to First Aid Treatment, and Release of Liability and Waiver of Claims is found to be void and unenforceable, the balance, notwithstanding, shall continue in full force and effect.

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS LEGAL AGREEMENT, I AGREE TO BE BOUND BY ITS TERMS, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AGAINST THIS GYMNASTICS CLUB INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

Signed this _____ day of _____, 2019 at Wetaskiwin

Signature of Witness

Signature of Participant (if over 18 years of age)

_____ _____

Signature of Parent of Guardian (as named above) Signature of Witness

_____ _____

PERSONAL INFORMATION PROTECTION ACT (PIPA) Season 19-20 BIRTHDAY

PARTICIPANT'S FIRST NAME:	PARTICIPANT'S LAST NAME:	PARTICIPANT'S DATE of BIRTH:	GENDER:
ADDRESS:		CITY:	POSTAL CODE:
PARENT/GUARDIAN FIRST NAME:	PARENT/GUARDIAN LAST NAME:	TELEPHONE:	
EMAIL:	PRECISION BY ACADEMY OF GYMNASTICS INC.		

Your personal information such as Name, Date of Birth, Gender, Address, Phone, and Email will be protected and managed in accordance with the PIPA and made available only to the staff of the Gymnastics Club and Alberta Gymnastics Federation (pertaining to any information related to Alberta Gymnastics Federation Membership, this includes but not limited to emails for special events, live broadcasting, video, results, website, noticeboards, advertising, photos, social media platforms, funding, and Team Alberta requirements). Non- identifying information will be provided to Gymnastics Canada and the Alberta Sport Connection.

Personal Information/Photo/Video Release

____ **YES,** I give consent
____ **NO,** I refuse consent

To send information (Pertaining to Alberta Gymnastics Federation Membership and the Gymnastics Club programs. This includes but not limited to emails, newsletters, special events, general information, fundraising, donation request, invoices, honorariums, Team Alberta, etc).

____ **YES,** I give consent
____ **NO**, I refuse consent

To take pictures or video of me/my child during my/their participation in any program, and that these may be used for advertising, newsletters, noticeboards, website, live broadcast, special events, Team Alberta, and any social media platforms. (Gymnastics Club and Alberta Gymnastics Federation)

____ **YES,** I give consent
____ **NO,** I refuse consent

To take pictures or video of me/my child during my/their participation in any program, and that these may be used for training purposes.

***Note should you chose you can withdraw your consent in written notice at any time to:**

PRECISION BY ACADEMY OF GYMNASTICS INC.

If you need any additional information about our personal information protection act, you can contact Alberta Gymnastics Federation office at (403) 259.5500 or via email at info@abgym.ab.ca.

Signed this _____ day of _____, 2019 at Wetaskiwin

_____
Signature of Participant (if over 18 years of age)

_____
Signature of Witness

_____
Signature of Parent or Guardian (as named above)

_____
Signature of Witness