



**ATLANTIC GYMNASTICS CHAMPIONSHIPS
PARTICIPANT'S INFORMED CONSENT FORM
(Under 18 years old)**

PLEASE READ CAREFULLY

Risk:

I, _____ give my consent for my child _____
(Parent's Name) (Child's Name)
to participate in the 2012 Atlantic Gymnastics Championships. in St. John's, NL. I understand and acknowledge that traveling to and from and participation in the 2012 Atlantic Gymnastics Championships 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 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 give my son/daughter permission to participate in the 2012 Atlantic Gymnastics Championships.

Rules: I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to inform my son/daughter of the importance of abiding by the rules and regulations set down by the 2012 Atlantic Gymnastics Championships Organizing Committee and their provinces code of conduct.

Media Release: I hereby grant Gymnastics Newfoundland & Labrador 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 my son/daughter taken during the 2012 Atlantic Gymnastics Championships or the purpose of media and provincial association promotion of the 2012 Atlantic Gymnastics Championships.

. I as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Informed Consent in its entirety.

. I as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved and to inform him/her of the importance of abiding by the rules and regulations.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Witness Name: _____

Witness Signature: _____ **Date:** _____