



## Gymnastics Nova Scotia

### Participant's Informed Consent Form (over 18)

Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date: \_\_\_\_\_

#### PLEASE READ CAREFULLY

**Risk:** I, the undersigned understand and acknowledge that traveling to and from and participation in the above named 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 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 event Organizing Committee. Media Release: I hereby grant to Gymnastics Nova Scotia 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 event for the purpose of media and provincial association promotion of the event.

**Liability:** In consideration of your acceptance of my entry in the event, I, intending to be legally bound, agree to RELEASE, SAVE HARMLESS AND INDEMNIFY Gymnastics Nova Scotia, 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 where so ever 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 Nova Scotia, the Association, 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 Nova Scotia, 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.**

Participant's Name : \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Please Print) (D/M/Y)

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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