

2010 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 2010 Atlantic Gymnastics Championships in Charlottetown, PEI. I understand and acknowledge that traveling to and from and participation in the 2010 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 2010 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 2010 Atlantic Championships Organizing Committee and their provinces code of conduct.

Media Release: I hereby grant Gymnastic PEI 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 2010 Atlantic Gymnastics Championships for the purpose of media and provincial association promotion of the 2010 Atlantic Gymnastics Championships.

Liability: In consideration of your acceptance of my entry in the 2010 Atlantic Gymnastics Championships, I, intending to be legally bound, agree to RELEASE, SAVE HARMLESS AND INDEMNIFY Gymnastics PEI, 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 PEI, 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 PEI, 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 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 Signature: _____ **Date:** _____

Witness Name Witness Signature: _____ **Date:** _____