

## NOTIFICATION AND ASSUMPTION OF RISK AND CONSENT TO FIRST AID TREATMENT

PARTICIPANT'S FIRST NAME:	PARTICIPANT'S LAST NAME:	PARTICIPANT'S DATE of BIRTH:	GENDER:
ADDRESS:		CITY:	PROVINCE:
POSTAL CODE:	PARENT/GUARDIAN NAME:	TELEPHONE:	
EMERGENCY CONTACT:		EMERGENCY CONTACT TELEPHONE:	
CLASS NAME:	CLASS DAY:	CLASS TIME:	

**Club Name:** \_\_\_\_\_ (the “Gymnastics Club”).  
[Club to enter full legal name and trade name]

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

- Recreational / General Gymnastics;
- Kids Can Move;
- Women’s and Men’s Artistic;
- 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.

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

**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 and Consent to First Aid Treatment 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 and Consent to First Aid Treatment 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 \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant (if over 18 years of age)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent of Guardian (as named above)

\_\_\_\_\_  
Signature of Witness

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