

**PARTICIPANT'S INFORMED CONSENT FORM (Minor Aged Participant)**

**Alberta Rhythmic Sportive Gymnastics Federation (ARSGF) operating as RHYTHMIC GYMNASTICS ALBERTA (RGA)**

**Please check:      Gymnast      Coach in Training      Coach      Judge      Volunteer      Manager**

**Print name of participant:** \_\_\_\_\_

READ CAREFULLY!

**Club Affiliation:** \_\_\_\_\_

**Risk:**

I, \_\_\_\_\_ give my consent for my child

Parent/Guardian Name (s)

Name of Child

to participate in any Rhythmic Gymnastics sanctioned event and hereby release and indemnify and hold harmless ARSGF/RGA, the Organizers, the Course Conductors, Host Club, Registered Club Personnel, Staff and/or Volunteers or agents, and the facility in which the activities take place.. I understand and acknowledge that traveling to and from and participating at the ARSGF/RGA Rhythmic Gymnastics NCCP Course 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 gymnastic activities. I Agree

**Rules:**

I understand that the rules and regulations are designed for safety and protection of the participants and hereby agree to inform my son/daughter of the importance of abiding by the rules and regulations set down by the ARSGF/RGA, the Organizing Committee, the Host Organization, the Course Conductors, and the facility. I Agree

**Media Release and Privacy:**

I hereby grant the Rhythmic Gymnastics Alberta (ARSGF) the right to use, without penalty of any fee or charge, any written information (excluding medical information contained on the Medical Consent Form), photograph, videotape, or other visual media of my son/daughter taken during the ARSGF/RGA sanctioned activity or event, for the purpose of furthering the ARSGF/RGA objectives or those of the sanctioned host committee. I agree to the transmission of personal information by RGA, Member Clubs, Host Clubs and/or Agents/Staff/Volunteers. Information will be transmitted as per RGA PIPEDA and Privacy Policy by the Privacy Officer. Information regarding the Privacy Policy is posted on the RGA website at www.rgalberta.com or you may contact the Privacy Officer at 780-427-8152 or by emailing RGA@RGAlberta.com. I Agree

**Liability:**

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 Agree

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. I Agree

Opt-In: I agree to accept electronic communication from ARSGF/RGA and my club. I can unsubscribe at any time. I Agree

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (print)

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

\_\_\_\_\_  
Date

Note: Collection of the personal information on this form is required for the operation of the Rhythmic Gymnastics Courses, Events, Activities, and for participation in sanctioned events hosted by Member Clubs and Independent facilities. The information from these forms, and from all registration materials will be used for said purpose and is subject to disclosure rules set forth in by Privacy Legislation in Canada (PIPEDA) and the Province of Alberta (PIPA). For more information about the collection and use of this information please contact the Privacy Officer at Rhythmic Gymnastics Alberta (780-427-8152) or by emailing rga@rgalberta.com. To Unsubscribe from electronic communication please send an email to rga@rgalberta.com.