

INFORMED CONSENT FORM

I, _____, give my consent for my child _____ to participate in any Rhythmic Gymnastics sanctioned event and hereby release and indemnify and hold harmless Vertigo Rhythmic Gymnastics Ltd. 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 Vertigo Rhythmic Gymnastics Ltd. courses, events and/or activities 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 daughter permission to participate in gymnastic activities.

Gymnast, First & Last Name (Print)

Parent/Legal Guardian, First & Last Name (Print)

Parent/Legal Guardian, Signature

Date

CONSENT FOR USE OF PERSONAL INFORMATION

I understand that Vertigo Rhythmic Gymnastics Ltd. collects personal information about each of its registrants including name, address, phone numbers, email, date of birth, and Alberta health care number. This information is used for the purpose of communication from Vertigo Rhythmic Gymnastics Ltd. ensuring that each gymnast competes in the appropriate category and for determining demographics and market trends. The information is also used by and disclosed to Rhythmic Gymnastics Alberta (RGA) and Rhythmic Gymnastics Canada for annual demographic reporting, registration, determining age group, and communication with participants about rhythmic gymnastics program, events, and activities. Health care information is collected in order to provide adequate response in an event of emergency. Health care numbers are also provided to chaperones while on duty of chaperoning.

I understand that Vertigo Rhythmic Gymnastics Ltd., RGA, and Rhythmic Gymnastics Canada have the right to take photographs, videotape, or digital recording of me to be used in any and all media. I am aware that by giving this consent, I am permitting my name and performance results to be posted on the Vertigo Rhythmic Gymnastics Ltd., RGA, Rhythmic Gymnastics Canada websites and publications that can be viewed by anyone who access these websites or publications. I understand that I can withdraw this consent to collection, use, or disclosure of my personal information at any time by contacting Vertigo Rhythmic Gymnastics Ltd, RGA, or Rhythmic Gymnastics Canada.

Gymnast, First & Last Name (Print)

Parent/Legal Guardian, First & Last Name (Print)

Parent/Legal Guardian, Signature

Date