Participant Event Waiver

please print clearly

Participant's Name:	**Address:**
Tel #:	**Please Circle:**
Email:	**FAMILY DROP IN** **BDAY PARTY** **AFTER HOURS PARTY**

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

By signing this document, you will waive certain legal rights, including the right to sue.
PLEASE READ CAREFULLY

AWARENESS AND ASSUMPTION OF RISK

I am aware that gymnastics involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Kawartha Gymnastics, its directors, officers, officials, volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as Kawartha Gymnastics and others). I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income. KG reserves the right to cancel classes due to weather or other unforeseen circumstances and there will be no refund or make up for those classes.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Kawartha Gymnastics' accepting my application to participant in this activity, I agree:

1. To waive any and all claims that I may have in future against Kawartha Gymnastics Club and others.
2. To release the Kawartha Gymnastics and others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify Kawartha Gymnastics and others from any and all liability for any damage to property of or personal injury to, any third party, resulting from my participation in this activity

4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators, and assigns.

MARKETING AND COMMUNICATION CONSENT

Kawartha Gymnastics uses several forms of electronic communication. We are continually updating our website and social media platforms and contacting media outlets and other sources to share successes and programming. These platforms are important tools for communication, enabling us to convey the most current information and news to our members. To assist in our communication, marketing, and publication initiatives, we are often required to capture pictures of our athletes and to include them on our website, in various marketing and communications publications and with local media outlets. To do this we require parent's permission. I hereby give permission for Kawartha Gymnastics to use the following personal information (name, age, program involvement & achievements) and images (pictures and/or videos) of our child for the following specific purposes: (We will also follow guidelines and rules for information and media release from Gymnastics Ontario). By signing below, I acknowledge having read this entire document, and I grant permission as outlined above.

I have read this agreement and understand it. I am aware that by signing this document I am waiving certain legal rights which I or my next of kin, heirs, executors, administrators, and assigns may have against Kawartha Gymnastics and others.

Please Print Name of Participant (parent/guardian if under 18 years):	**Date: dd/mm/yy**
Signature of Participant (parent/guardian if under 18 years):	**Date: dd/mm/yy**