



Participant Release and FOIP Form

SGC 2019
February 28th – March 3rd, 2019

Location: Edmonton Expo Center
7515 – 118 Avenue, Edmonton, AB, T5B 4X5

Participant's Name: _____
Participant's Health Insurance Number: _____
Participant's Club: _____

Participant Release:

In consideration of Salto Gymnastics providing service, supplies, and facilities for the above-mentioned event, I do hereby, for my child or ward, our heirs, executors and administrators, release and forever discharge Salto Gymnastics and all of its servants, agents, officers, employees and all persons assisting it and/or them for any or all liability for injury, loss, sickness, death or any other damage resulting from the negligence of the above mentioned persons or in any cause whatsoever attributed in any way to the conduct of said personas or in any arising out of my participation in such event or which may arise out of my traveling to, and attend, or returning from such event.

I hereby covenant and agree to save harmless Salto Gymnastics and its servants, agents, officers, employees, and persons assisting them from all claims and demands whatsoever which may be made in respect of such injury, loss, sickness or any other damage which may happen to me, my child or my ward.

Signed This _____ Day of _____,
Athlete (over 18) or Parent/Guardian (if athlete under 18 years of age):

Witness: _____

FOIP:

Salto Gymnastics may be contacted by the media for participant quotes, interviews or pictures. These sounds and images (video and still) may be published or aired in a variety of locations, including audio tapings on television, radio and newspaper, as well as Salto Gymnastics website and publications. Your permission is required for the above to take place.

Signed This _____ Day of _____,
Athlete (over 18) or Parent/Guardian (if athlete under 18 years of age):