

COMICS COMICS COMICS



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FUN, FUN, FUN



GYMFEST 2015

**MOUNT ROYAL UNIVERSITY
CALGARY, ALBERTA
MAY 9 - 10, 2015**

SHAZAM!



WWW.ABGYM.AB.CA

INSURANCE WAIVER MEMO

HELLO SUPER HEROES!

WE ALL KNOW HOW IMPORTANT IT IS FOR ALL MEMBERS PARTICIPATING IN GYM FEST AND FIGHTING CRIME TO BE FULLY COVERED BY INSURANCE.

IF YOUR CLUB IS A MEMBER IN GOOD STANDING OF AGF, YOUR ATHLETES SHOULD HAVE ALL SIGNED A NOTIFICATION OF RISK WITH THEIR AGF REGISTRATION. THIS DOCUMENT COVERS ATHLETES FOR ALL AGF SANCTIONED EVENTS. SINCE GYM FEST IS A SANCTIONED EVENT, YOUR AGF REGISTERED ATHLETE WILL BE COVERED AND NO ADDITIONAL FORMS NEED TO BE COMPLETED. PLEASE ENSURE WITH YOUR CLUB THAT YOUR ATHLETE DOES HAVE A COPY OF THE FORM ON FILE.

IF YOUR CLUB IS NOT AN AGF MEMBER CLUB, PLEASE REFER TO THE ATTACHED NOTIFICATION OF RISK FORM. EACH ATHLETE PARTICIPATING WILL NEED TO HAVE A COMPLETED FORM ON-SITE FOR THE EVENT. YOU CAN FORWARD A COPY OF THESE FORMS EITHER ELECTRONICALLY, BY FAX OR MAIL.

ALBERTA GYMNASTICS FEDERATION

ROBIN MCDUGALL

207, 5800 2 STREET SW

CALGARY, ALBERTA

T2H 0H2

FAX (403) 259-5588

SPECEVENTS@ABGYM.AB.CA

SHOULD YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT US.



Appendix B

NOTIFICATION OF RISK, MEDICAL/EMERGENCY RELEASE AND WAIVER OF LIABILITY PLEASE READ CAREFULLY

FIRST NAME:	LAST NAME:	DATE of BIRTH:	GENDER:
ADDRESS STREET:		CITY:	PROVINCE:
POSTAL CODE:	PARENT/GUARDIAN NAME:		TELEPHONE:
EMERGENCY CONTACT:		TELEPHONE:	CLUB NAME:

Alberta Freedom of Information and Protection of Privacy Act. (FOIP)

By signing below I consent to having the information in this document collected by Alberta Gymnastics Federation (AGF). The personal information requested on this form is collected under the authority of Alberta Gymnastics Federation and Section 33 © of the FOIP Act to allow participation in programs. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta FOIP Act.

Photo/Video Release

I acknowledge that Alberta Gymnastics Federation may take pictures or video of me/my child during my/their participation in any program, and that these may be used for advertising purposes. I agree to have my/my child's picture and/or video used for advertising purposes _____ (initials).

Description of Risks:

I am aware that gymnastics, acrobatics, fitness and similar activities involve inherent risks, dangers and hazards that are associated with unique movement patterns and skills, which may, in some circumstances be executed on specialized apparatus. **I acknowledge that personal harm or injury may be sustained during my/my child/children involvement in the activity, for example broken bones, head injuries, dislocations, tendon and ligament damage, damage to teeth and dental work, spinal injuries that could result in various degrees of paralysis or death. I acknowledge and assume the potential risks and consent to my/my child/children participation.**

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, and supervisors as imposed on me/my child/children while participating in the program.

In the event that I/my child fails to abide by the rules and regulations imposed on me/my child/children while participating in the program, disciplinary action may either require that I/he/she not participate in the program or activity, or that I will leave/be contacted to have my child picked up or transported home at my own expense.

I acknowledge that 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 program.

I acknowledge that the program may require an instructor to perform some manual spotting which involves direct physical contact with my child and designed to assist the participant in the safe performance of the program skills.

Waiver of Liability

I acknowledge that I have read the above description of risks and accept responsibility for my own actions/my child/children actions. I also acknowledge that I understand, appreciate and accept the physical risks associated with my participation in and / or in Alberta Gymnastics Federation's program, and that I have executed this understanding of risk agreement voluntarily.

In consideration of my/my child's participation in the program with Alberta Gymnastics Federation with its inherent risks and hazards, I agree to:

Waive and Release any and all claims against all liability for personal injury, death, property damage, or loss that I/my child may suffer, arising from any cause whatsoever, that I or my child may have now or in the future against Alberta Gymnastics Federation, it's elected directors and officers, employees, agents, volunteers, and representatives, or any of them in connection or participation within the program

Medical/Emergency

I hereby authorize basic first aid to be delivered to me/my child by the Alberta Gymnastics Federation staff or other authorities. By administering first aid when required or requested, Alberta Gymnastics Federation 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; Alberta Gymnastics Federation 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 Alberta Gymnastics Federation for any such costs or expenses that it incurs.

I CONFIRM THAT I HAVE READ, COMPLETED AND UNDERSTAND THIS LEGAL AGREEMENT, I AGREE TO BE BOUND BY ITS TERMS, AND I AM AWARE THAT BY SIGING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AGAINST ALBERTA GYMNASTICS FEDERATION.

Signed this _____ day of _____, 20____ at _____

Signature of Participant (if over 18 years of age)

Signature of Witness

Signature of Parent or Guardian (as named above)

Signature of Witness