ARMEL ATANGANA ATHLETIC PERFORMANCE AND WELLNESS CENTER

MINOR PARTICIPANT WAIVER, RELEASE OF LIABILITY & PARENT/GUARDIAN CONSENT

Important: This form is intended as a practical participant/parent consent document for sports, athletic performance, fitness, and physical-activity programming. It should be reviewed by the organization's insurance broker and, where appropriate, Alberta legal counsel before being adopted as the organization's final legal form.

1. PARTICIPANT INFORMATION

Participant full name: _____

Date of birth: _____ Age: _____

Parent/Guardian name: _____

Relationship to participant: _____

Phone: _____ Email: _____

Emergency contact: _____

Emergency phone: _____

2. PROGRAM / ACTIVITY

Program / activity: _____

Location: _____

Date(s) / session period: _____

3. ACTIVITIES COVERED

- ■ Basketball
- ■ Soccer / Football
- ■ Athletic Performance
- ■ Sports / Physical Education
- ■ Volleyball
- ■ Track & Field / Athletics
- ■ Fitness
- ■ Other: _____

4. ACKNOWLEDGEMENT OF RISKS

I, the undersigned parent/guardian, understand that participation in sports, physical activity, athletic training and fitness activities involves inherent and foreseeable risks. These may include, without limitation, falls, collisions, contact with other participants or equipment, sprains, strains, fractures, concussion or other head injury, illness, aggravation of a pre-existing condition, and in rare circumstances serious injury or death. I understand that not all risks can be eliminated even when reasonable safety procedures are followed.

5. MEDICAL INFORMATION & FITNESS TO PARTICIPATE

I confirm that, to the best of my knowledge, the participant is physically able to participate in the selected activities. I agree to inform the organization of any medical condition, allergy, medication, restriction, previous injury, or other circumstance that may affect safe participation.

Medical conditions / allergies / restrictions: _____
_____

Medication or relevant medical information: _____
_____

6. CONCUSSION / HEAD-INJURY CONSENT

I understand that a participant who appears to have suffered a head injury or concussion may be removed from activity immediately. I understand that return to participation may require assessment and clearance by an appropriate licensed

health-care professional and compliance with the organization's concussion and return-to-play procedures.

7. EMERGENCY MEDICAL CARE

In an emergency, I authorize the organization's staff, coaches or designated first-aid personnel to provide reasonable first aid and to seek emergency medical assistance when they reasonably believe it is necessary. I understand that the organization will attempt to contact the parent/guardian or emergency contact as soon as reasonably possible.

8. RELEASE AND ASSUMPTION OF RISK

To the extent permitted by applicable law, I acknowledge the risks described above and voluntarily permit the participant to take part in the program. I understand that participation is voluntary and that reasonable rules, instructions, supervision and safety procedures must be followed.

I understand that this document is not intended to release the organization from responsibilities that cannot legally be waived. I have had an opportunity to ask questions and obtain clarification before signing.

9. CODE OF CONDUCT & SAFETY

- ■ Participant agrees to follow coach/staff instructions
- ■ Participant agrees to report injury or unsafe conditions
- ■ Participant agrees to use equipment appropriately
- ■ Parent/guardian agrees to update emergency information

10. PARENT / GUARDIAN CONSENT

I am the parent or legal guardian of the minor participant named above. I have read this form, understand its contents, have had an opportunity to ask questions, and voluntarily consent to the participant's participation in the activities identified above. I understand that the organization may require additional medical, emergency, or program-specific documentation where appropriate.

Parent/Guardian signature: _____

Printed name: _____

Date: _____

Organization representative / witness: _____

Signature: _____

Date: _____

Privacy note: Medical and emergency information should be collected, stored, accessed and disclosed only as reasonably necessary for program administration, safety, emergency response, insurance, or other lawful purposes.