



2024 BC Gymnaestrada

May 4-5, 2024

PARTICIPANT'S INFORMED CONSENT FORM (Under 18)

PLEASE READ CAREFULLY

Risk:

I, _____ give my consent for my child _____
(Parent's Name) (Child's Name)

to participate in the **2024 BC Gymnaestrada**. I understand and acknowledge that participation in the **2024 BC Gymnaestrada** 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 son/daughter permission to participate in the **2024 BC Gymnaestrada**

Rules:

I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to inform my son/daughter of the importance of abiding by the rules and regulations set down by the **2024 BC Gymnaestrada**.

Media Release:

I hereby grant to Delta Gymnastics Society and Gymnastics BC permissions to share, without payment of any fee or charge, any written information (excluding information contained on the Medical Record & Consent Form), media content (video and photos, and information about my son/daughter) publicly through websites, social media and video sharing platforms for the purposes of promotion and marketing, of Gymnastics BC's objectives, taken during the **2024 BC Gymnaestrada**.

☐ I, as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Informed Consent in its entirety.

☐ I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved and to inform him/her of the importance of abiding by the rules and regulations.

Participant's Name: _____

Signature of _____
Date: _____ Parent / Guardian: _____

Witness Signature: _____