



RECREATIONAL & SPECIAL NEEDS PARTICIPANT CONSENT & MEDICAL DATA RECORD

NOTE: IF REQUESTED INFORMATION IS NOT PROVIDED, THE APPLICANT WILL NOT BE PERMITTED TO PARTICIPATE IN THE ACTIVITY.

PLEASE PRINT CLEARLY IN INK OR FILL OUT ELECTRONICALLY

LAST NAME OF PARTICIPANT		FIRST NAME OF PARTICIPANT		GENDER	
				M	F
YEAR OF BIRTH	MONTH OF BIRTH	DAY OF BIRTH		AGE	
ADDRESS (STREET/P.O. BOX)		CITY/TOWN	PROVINCE	POSTAL CODE	
E-MAIL ADDRESS			PHONE NUMBER ()		
<p>DOES THE PARTICIPANT HAVE ANY PHYSICAL, MENTAL, OR MEDICAL CONDITIONS THAT, FOR SAFETY REASONS, SHOULD BE DISCLOSED? NO _____ YES _____ IF NO, PLEASE COMPLETE THIS FORM ONLY. IF YES, PLEASE COMPLETE FORM B & C.</p>					
<p>HAS THE PARTICIPANT EVER HAD AN INJURY OR ACCIDENT REQUIRING MEDICAL ATTENTION? NO _____ YES _____ SPECIFY _____</p>					
<p>HAS THE PARTICIPANT EVER HAD SURGERY? NO _____ YES _____ SPECIFY _____</p>					
IN THE CASE OF AN EMERGENCY INVOLVING THE PARTICIPANT, PLEASE CONTACT ONE OF THE FOLLOWING INDIVIDUALS					
NAME			PHONE NUMBER ()		
RELATIONSHIP			WORK/CELL NUMBER ()		
NAME			PHONE NUMBER ()		
RELATIONSHIP			WORK/CELL NUMBER ()		

OFFICE USE ONLY		
GO FEES PAID	YES	NO
CLASS FEES PAID	YES	NO
DAY AND TIME OF CLASS		
SESSION/CAMP ENROLLED IN		
TRIAL DATE		

OVER

**GYMNASTICS ONTARIO and SKYRIDERS TRAMPOLINE PLACE INC
INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT**

WARNING! Please read carefully
By signing this document, you will assume certain risks and responsibilities

Participant's Name: _____

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As a participant in the sport of gymnastics and the spectating, orientation, instruction, activities, competitions, programs, and services of Gymnastics Ontario and SKYRIDERS TRAMPOLINE PLACE INC (collectively the "Activities"), the undersigned, being the Participant and the Participant's Parent/Guardian (if Participant is under 18 years old), (collectively the "Parties"), acknowledge and agree to the terms outlined in this document.
2. Gymnastics Ontario, SKYRIDERS TRAMPOLINE PLACE INC and their respective Directors, Officers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facilities in which the Activities take place, and representatives (collectively the "Organization").

€ We have read and agree to be bound by paragraphs 1 and 2

Description and Acknowledgement of Risks

3. The Parties understand and acknowledge that:
 - a) The Parties have foreseeable and unforeseeable inherent risks, hazards, and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury.
 - b) The Organization may offer or promote online programming (such as webinars, remote conferences, workshops, and online training) which have different foreseeable and unforeseeable risks than in-person programming.
 - c) The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of the Participant's fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, and the equipment being used might malfunction.
 - d) The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that the Participant will not become infected with COVID-19. Further, participating in the Activities could increase the Participant's risk of contracting COVID-19.
4. The Participant is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. The risks, dangers and hazards include, but are not limited to:
 - a) Privacy breaches, hacking, technology malfunction or damage.
 - b) Executing strenuous and demanding physical techniques and exerting and stretching various muscle groups.
 - c) Vigorous physical exertion, strenuous cardiovascular workouts, and rapid movements.
 - d) The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment or apparatus.
 - e) Failure to follow instructions or rules.
 - f) Serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the Participant's body or to the Participant's general health and well-being.
 - g) Abrasions, sprains, strains, fractures, or dislocations.
 - h) Concussion or other head injuries, including but not limited to, closed head injury or blunt head trauma.
 - i) Physical contact with other participants, spotters, spectators, equipment, and hazards.
 - j) Collisions with walls, any gymnastics apparatus, floors, or mats.
 - k) Falling, tumbling, or hitting any gymnastics apparatus, the floor, mats, or other surfaces.
 - l) Failure to act safely or within the Participant's ability or designated areas.
 - m) Negligence of other persons, including other spectators, participants, or employees.
 - n) Travel to and from competitive events and associated non-competitive events which are an integral part of the Activities.
 - o) Contracting COVID-19 or any other contagious disease.

€ We have read and agree to be bound by paragraphs 3 and 4

Terms

5. In consideration of the Organization allowing the Participant to participate in the Activities, the Parties agree:
 - a) That when the Participant practices or trains in their own space, the Parties are responsible for the Participant's surroundings and the location and equipment that is selected for the Participant.
 - b) That the Participant's mental and physical condition is appropriate to participate in the Activities and the Parties assume all risks related to the Participant's mental and physical condition.
 - c) That the Participant may experience anxiety while challenging themselves during the Activities.
 - d) To comply with the rules and regulations for participation in the Activities.
 - e) To comply with the rules of the facility or equipment.
 - f) The risks associated with the Activities are increased when the Participant is impaired, and the Participant will not participate if impaired in any way.
 - g) That COVID-19 is contagious in nature and the Participant may be exposed to, or infected by, COVID-19.

6. In consideration of the Organization allowing the Participant to participate, the Parties agree:

- a) That the Parties are not relying on any oral or written statements made by the Organization or their agents, whether in brochure or advertisement or in individual conversations, to agree to participate in the Activities.
- b) That the Organization is not responsible or liable for any damage to the Participant's vehicle, property, or equipment that may occur as a result of the Activities; and
- c) That this Agreement is intended to be as broad and inclusive as is permitted by law of the Province of Ontario and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Jurisdiction

7. The Parties agree that in the event that they file a lawsuit against the Organization, they agree to do so solely in the Province of Ontario.

€ We have read and agree to be bound by paragraphs 5 to 7

Acknowledgement

8. The Parties acknowledge that they have read this Agreement and understand it, that they have executed this Agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

Name of Participant (print) _____

Signature of Participant _____

Date of Birth _____

Name of Parent or Guardian (print) _____

Signature of Parent or Guardian _____

Date _____

€ We have read and agree to be bound by paragraphs 3 and 4