

APPENDIX C

**GYMNASTICS CANADA GYMNASTIQUE
RHYTHMIC GYMNASTICS PROGRAM**

GYMNASTICS CANADA GYMNASTIQUE

WAIVER FORM FOR PARTICIPATION TO ANY ACTIVITY RELATED TO RHYTHMIC GYMNASTICS

FORMULAIRE DE RENONCEMENT POUR TOUTE ACTIVITÉ RELIÉE À LA GYMNASTIQUE RHYTHMIQUE

Print name of participant / Nom du participant en caractères d'imprimerie

In consideration of your acceptance of my participation I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators waive and release and forever discharge any and all rights and claims for losses, damages and / or injuries which I may have or may hereafter accrue to me against the Canadian Gymnastics Federation (Gymnastique Canada Gymnastique), the Organizers or their respective officers, agents, representatives and/or assigns for any and all losses, damages and injuries which may be sustained and suffered by me in connection with my association with or entry in the above athletic meet or which may arise out of my traveling to or participating in and returning from said athletic meet.

En retour de l'acceptation de ma participation, je, pour ma part, et pour mes héritiers, exécuteurs testamentaires, administrateurs et ayants droit, libère la Fédération Canadienne de gymnastique (Gymnastique Canada Gymnastique), les organisateurs ou leurs officiers, leurs agents, leur représentants respectifs et renonce à tout droit, réclamation, demande ou poursuite, découlant de pertes, blessures ou dommages subis durant, ou suite à ma participation à cet événement ainsi qu'aux voyages et déplacements à l'aller et au retour reliés à cet événement.

Participant's signature du participant

Date

Signature Parent or Guardian if under 18
Signature du parent ou tuteur si moins de 18 ans

Date

Print name of Parent or Guardian if under 18
Nom du parent ou tuteur en lettres carrées si moins de 18 ans





GYMNASTICS CANADA GYMNASTIQUE

CONSENTEMENT POUR TOUTE ACTIVITÉ DE GCG ET RENSEIGNEMENTS MÉDICAUX

CONSENT FOR ANY GCG ACTIVITY AND MEDICAL INFORMATION

Nom/Name: _____ Club: _____

Adresse/Address: _____

Parent ou tuteur légal si moins de 18 ans/Parent or Legal Guardian if under 18 yrs.:

Nom/Name: _____ Rés/Res: () _____

Trav/Bus: () _____ Fax/Fax: () _____

Nom/Name: _____ Rés/Res: () _____

Trav/Bus: () _____ Fax () _____

Téléphone si urgence/Emergency Telephone:Tél/Tel: () _____ Fax: () _____

Je, _____ donne ma permission pour des traitements médicaux ou chirurgicaux d'urgence déterminés et administrés par des médecins canadiens ou étrangers à

_____ qui est ma _____
Nom en caractères d'imprimerie Lien avec l'athlète

I, _____ give my permission for emergency medical/surgical care to be given by Canadian or foreign Physicians as they see fit to select to

_____ who is my _____
Name in block letters Relationship with athlete

Je comprends que, lorsque c'est possible, je serai contacté et informé du problème, du diagnostique, du traitement requis et des résultats escomptés.

It is understood that wherever possible I shall be contacted, informed of the problem, diagnosis, required treatment and the hoped for results.

PARENT OU TUTEUR LEGAL
 PARENT OR LEGAL GUARDIAN

TÉMOIN
 WITNESS

Signé/ Signed: _____ Signé/ Signed: _____

**GYMNASTICS CANADA GYMNASTIQUE
RHYTHMIC GYMNASTICS PROGRAM
INFORMATION RELEASE AUTHORIZATION FORM**

I _____

Name

Authorize GCG, Rhythmic Gymnastics Program to communicate my phone number, address and E-mail to the parents and the coach of _____

Signature Place and date

Witness Signature Place and date

PIPEDA RELEASE FORM

1.0 The personal information you provide to GCG/ Rhythmic Gymnastics Program, and different organizing committees for Provincial and National events, is collected under the authority of the PIPEDA privacy bill for Canada. It is used to determine your eligibility for competitive and recreational opportunities, age related events, to facilitate your enrolment, to administer and evaluate programs/courses of benefit to gymnasts, coaches, Board Members, volunteers and judges, and for insurance and statistical purposes. It may be necessary to disclose this information to major funding bodies in order to verify registration and meet the funding requirements. This information will be transferred in a safe format. It will be password protected if it is transferred electronically, or it will be sent as hard copy.

2.0 Registration information required may include: name, age, birth date, address, gender, emergency contact information in case of accident or illness, previous movement experience, position within the club or provincial governing structure, volunteer experience, judging level attained, coaching level attained, performing and/or competitive level attained and citizenship information. Staff members and senior volunteers may have the following information collected and retained: coaching experience, performance appraisals, appointment records, resumes and letters of reference, university equivalency/course information for different aspects of coaching training, attendance records, coach certification numbers, certifications and equivalencies.

3.0 Your club's Privacy Officer, as well as the Privacy Officer for gCG, are responsible for your personal information, and the personal information concerning any minor children, and they ensure that all personal information is handled in a confidential manner, and all reasonable precautions are taken to avoid loss, theft or unauthorized access, disclosure, copying, use or modification. Any GCG/ RG PROGRAM Technical Rules and Regulations, November, 1999 Page 86/102

requests to view your personal information should be made in writing to the club or provincial or National Privacy Officer

Please fill in and sign the following form, indicating that you allow the transmission of personal information as indicated in Paragraph 1.0 of this document.

Name: _____ Signature: _____

Date: _____ Phone Number: _____ Email: _____

Name of Parent/Guardian of participant if under the age of 18:

Signature of Parent/Guardian of participant if under the age of 18:

GCG/ Rhythmic Program IMAGE RELEASE FORM

Participants at Provincial and National events held in Canada may have their image, likeness, name (excluding personal address, phone, fax number, and/or email address), province, city/town, and club, as well as rank within Canada and previous performing, competitive, judging, choreographing or coaching history, used in publications and on the internet by GCG Rhythmic Gymnastics Program as well as its agents and sponsors from time to time. When signing this form, gymnasts, volunteers, coaches, judges and, in the case of minors, their parent/guardian, agree that they have the authority to provide this authorization/approval to GCG and its agents, and sanctioned organizing committees. A facsimile, a scanned and emailed copy, or a photocopy of this form shall be deemed to constitute an original signed document.

I allow the use of personal information as outlined above, and image in GCG Media, including newsletter, website, poster, brochure, video, sponsorship packages.

Name: _____ Signature: _____

Date: _____ Phone Number: _____ Email: _____

Name of Parent/Guardian of participant if under the age of 18:

Signature of Parent/Guardian of participant if under the age of 18:

If Photographs of the athlete are provided to GCG please send each photograph together with the photographer's express written permission for GCG to use the photograph(s) on the internet, in publications related to rhythmic gymnastics, and in sponsorship materials for rhythmic gymnastics.