

Participant Release and FOIP Form

Salto Gymnastics Mardi Gras Madness Invitational March 5-7, 2010

Event Location: Salto Gymnastics Club
2025 Oak Street
Sherwood Park, AB

Participant's Name: _____

Participant's Health Insurance Number _____

Participant's Club: _____

Participant Release:

In consideration of the Salto Gymnastics Club providing service, supplies, and facilities for the above event, I do hereby, for myself, my child or ward, our heirs, executors and administrators, release and forever discharge Salto Gymnastics Club and all of its servants, agents, officers, employees and all persons assisting it and/or them for any or all liability for injury, loss, sickness, death or any other damage resulting from the negligence of the above mentioned persons or in any cause whatsoever attribute in any way to the conduct of said persons or in any arising out of my participation in such event or which may arise out of my travelling to, and attend, or returning from such an event.

I hereby covenant and agree to save harmless the Salto Gymnastics Club and its servants, agents, officers, employees and persons assisting them from all claims and demands whatsoever which may be made in respect of such injury, loss, sickness or any other damage which may happen to me, my child or my ward.

Signed This _____ Day of _____, _____

Parent/Guardian: _____

Witness: _____

FOIP:

Salto Gymnastics Club may be contacted by the media for participant quotes, interviews or pictures. These sounds and images (video and still) may be published or aired in a variety of locations, including audio tapings on television, radio and newspaper, as well as Salto website and publications. Your permission is required for the above to take place.

Signed This _____ Day of _____, _____

Parent/Guardian: _____