



11759 Groat Road Edmonton AB T5M 3K6

**PARTICIPANT AGREEMENT FORM**

**By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.**

**IN CONSIDERATION** of allowing my minor child/ward to participate in the programs, activities and events of Synchro Alberta, **I ASSURE TO YOU THAT:**

1. I am the parent/guardian of the participant having full legal responsibility for decisions regarding the participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of Synchro Alberta.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to the activities and events of Synchro Alberta. The risks and hazards include, but are not limited to injuries from:
  - a) Executing strenuous and demanding physical techniques including boosts and lifts;
  - b) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
  - c) Exerting and stretching various muscle groups;
  - d) Entering the water by either diving or jumping;
  - e) Extended time underwater;
  - f) Spending extended times in chlorinated water including bacterial infections and rashes;
  - g) Dry land training including weights, pilates, running, dance, bands, circus school and massage;;
  - h) Falling or colliding with the pool, pool bottom, walls, stands, equipment or with other participants;
  - i) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
  - j) Contact, colliding, falling or being struck by other participants, spectators or equipment;
  - k) Spinal cord injuries which may render me permanently paralyzed;
  - l) Travel to and from competitive events and associated non--competitive events which are an integral part of Synchro Alberta's activities.
4. Furthermore, I am aware that:
  - a. Injuries sustained to my child/ward can be severe;
  - b. My child/ward may experience anxiety while challenging himself/herself during the activities, events and programs;
  - c. My child/ward may come into close contact with other participants, including the possibility of accidental and unexpected contact;;
  - d. My child/ward's risk of injury is reduced if he/she follows all rules established for participation; and
  - e. My child/ward's risk of injury increases as he/she becomes fatigued.

**I UNDERSTAND AND AGREE**, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes that:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. I agree that there are risks as described above and my child/ward will be exposed to these risks and hazards.
7. I agree to **accept all these risks and hazards** and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.
8. If something happens to my child/ward, I **release** Synchro Alberta of responsibility for any claims, demands, actions and costs which might arise out of my child/ward's participation. I understand Synchro Alberta to mean: Synchro Alberta, its directors, officers, committee members, members, employees, coaches, volunteers, officials, judges, participants, agents, owners/operators of facilities, and representatives.

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, give permission to the officials and coaches of Synchro Alberta to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations.

I understand that the officials and coaches of Synchro Alberta will make every reasonable effort, in the circumstances, to contact me regarding my child's/ward's medical status in the event an emergency arises. In the event that I cannot be reached in an emergency I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional whose services might be required to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for my child/ward and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the officials and coaches of Synchro Alberta.

Dated: \_\_\_\_\_  
Parent/Guardian signature

**I ACKNOWLEDGE MAKING THIS AGREEMENT**

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

_____ Printed Name of Participant	_____ Signature of Participant	_____ Club Name
_____ Printed Name of Parent or Guardian	_____ Signature of Parent or Guardian	_____ Date