

NORTHERN ALBERTA WRESTLING CAMP

DECEMBER 28-30, 2018

INFORMED CONSENT AGREEMENT – UNDER 18 YOUTH PROGRAMS

Participant Full Name:

Birthdate:

Parent/Guardian Full Name:

Address:

City:

Postal Code:

Phone No:

Email:

DISCLAIMER CLAUSE

The University of Alberta, the Faculty of Physical Education and Recreation, the Governors of the University of Alberta and their officers, directors, agents, contractors, employees, coaches, instructors, trainers, volunteers, members and representatives (all hereafter collectively referred to as “the University”), are not responsible for any participant’s death, injury, loss or damage of any kind sustained by any person while registered as a participant of Northern Alberta Wrestling Camp except to the extent that such injury, loss or damage was caused by the negligence of the University.

DESCRIPTION OF ACTIVITIES

The following are activities that your child may participate in during our programming:

- Individual Sports Wrestling.
- Training: Fundamental Movement Skills, Agility, Balance, Coordination, Speed, Strength, Endurance, Flexibility.
- Fitness Instruction: Stability, Strength, Plyometrics, Flexibility, Cardiovascular Training.
- Cooperative Games: Locomotor, Object Manipulation, Body Skills.

ASSUMPTION OF RISKS

In consideration of my child’s participation in Northern Alberta Wrestling Camp and all related activities, I and my child acknowledge that we are aware of, appreciate and accept the inherent physical risks and the other possible risks, dangers and hazards associated with being a participant, including the possible risk of severe or fatal injury to my child or others. By initialing (at the right, and signing below), I acknowledge that I have read and understand this agreement. These risks include, but are not limited to:

- a) All manner of injuries resulting in muscular injuries and soft tissue injuries including bruises, scrapes, cuts, etc, from executing strenuous and physically demanding physical techniques, collisions with the wall, floor, uneven playing surfaces, contact with other participants (including spotters whose role is to enhance safety and learning) and failure in proper use of equipment either by my child, or other participants of the University;
- b) All manner of injuries resulting from the mechanical failure of apparatus/equipment;
- c) All manner of injuries resulting in dislocations, concussion, hematomas, whiplash, contusions, sprains, pulled or strained muscles, knee injuries, and broken bones;
- d) Transmission of diseases through contact with University staff or other participants resulting in death, disease or other illnesses;

- e) All manner of head, neck, spinal, facial, eye, nose and/or dental injuries;
- f) All manner of injuries resulting from heat cramps, and heat stroke during hot summer days;
- g) All manner of injuries and/or death that may result from transition between facilities;
- h) That my child's risk of injury increases as they become fatigued. Initials: ____

ACKNOWLEDGEMENT OF RESPONSIBILITIES

The parent/guardian and the participant understand and acknowledge the following:

- a) To follow all the instructions and rules given by those responsible for or in charge of the registered Camp and all related activities while my child is a participant and participating in the registered Camp. I understand and accept that the instructions and rules are in place to provide a safe environment for the Camp.
- b) To obey all the rules and regulations pertaining to the registered Camp. Initials: ____

CONDITIONS OF REGISTRATION

The parent/guardian and the participant understand and acknowledge the following:

- a) That the participant sees a licensed medical practitioner on a regular basis and to the best of my/our knowledge is physically and mentally able to participate in all activities associated with the registered program.
- b) That the participant will wear full protective equipment demanded by the sport and that the equipment brought to the camp with him/her meets or exceeds all minimal CSA or Sport governing body standards;
- c) Should the participant be injured during the registered program, I/we give permission for University of Alberta staff to provide emergency medical treatment.

Initials: _____

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I understand, appreciate and accept the risks associated with my child's participation in Northern Alberta Wrestling Camp and all related activities at the University of Alberta. As the parent / guardian for the participant, I consent for my child's participation in Northern Alberta Wrestling Camp.

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date Signed: