

**2010 Southern Alberta Summer Games  
INFORMED CONSENT AGREEMENT**

**COMPLETE ONE FORM FOR EACH PARTICIPANT, ATHLETE AND COACH!**

**RISK:** I, the undersigned understand and acknowledge that participation in the 2010 Southern Alberta Summer Games, and/or playoffs might result in personal injury, property damage or loss, and possible death. I fully understand these risks and hereby agree to participate in the 2010 Southern Alberta Games and/or playoffs voluntarily at my own risk. I further state that I am in proper physical condition to participate in these Games.

**RULES:** I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules and regulations set down by the 2010 Southern Alberta Summer Games Committee and Provincial Sport Associations.

**LIABILITY:** In consideration of acceptance of my participation in the 2010 Southern Alberta Summer Games and/or playoffs, I agree that the City of Brooks and County of Newell, the Southern Alberta Recreation Association (S.A.R.A.), their volunteers, sponsors, employees or agents shall not be liable for any personal injury (including death), property damage, or loss arising from or in anyway resulting from, my participation. In addition, permission is granted to administer any medical treatment that may be required.

**MEDIA RELEASE:** I give my permission for the free use of my name and picture in broadcast, telecast or written accounts of the 2010 Southern Alberta Summer Games.

**PLEASE COMPLETE THE APPROPRIATE SECTION!**

**Under the age of 18** (Please check if applicable.)

**Release for Treatment of a Minor:** In the event that no one can be contacted, the 2010 Southern Alberta Summer Games will take my child to the hospital/M.D. if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

**Release of Information:** I also authorize the release of medical information to appropriate people (coach, physician, 2010 Southern Alberta Games Medical Team, including EMS and doctors) as deemed necessary by the 2010 Southern Alberta Summer Games Medical Team.

I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved, and to inform him/her of the risks involved, and to inform him/her of the importance of abiding by the rules, regulations and Code of Conduct for the Southern Alberta Summer Games. I, as the parent/guardian of the participant named herein, have read, understood and agree to the contents of this Informed Consent in its entirety.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2010.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print name of Parent / Guardian

**Of the full age of 18 years** (Please check if applicable.)

**Release of Information:** I also authorize the release of medical information to appropriate people (coach, physician, 2010 Southern Alberta Games Medical Team, including EMS and doctors) as deemed necessary by the 2010 Southern Alberta Summer Games Medical Team.

I agree to assume full responsibility of the risks involved, and the importance of abiding by the rules, regulations and Code of Conduct for the Southern Alberta Summer Games. I have read, understood and agree to the contents of this Informed Consent in its entirety.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2010.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Print Name of Athlete

Note: Collection of the personal information on this form is authorized under the Southern Alberta Recreation Association and is required for the purpose of operating the Southern Alberta Summer Games. The information will be used for the said purpose and is subject to the disclosure rules set forth in the Freedom of Information and Protection of Privacy Act.