



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 (All participants must sign regardless of age)

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date