
ATHLETE WAIVER FORM

Athlete Name: _____

PLEASE PRINT CLEARLY

Name of Event:

QUEEN CITY GYMNASTICS CLUB
March 17 – 18, 2019

In consideration of your acceptance of my entry I, intending to be legally bound do hereby, for myself, my heirs, executors and administrators waive and release and forever discharge any and all rights and claims for damage which I may have or may hereafter accrue to me against the Gymnastics Saskatchewan Association, the organizers or their respective officers, agents, representatives and/or assigns for any and all damages which may be sustained and suffered by me in connection with my association with or entry in the above athletic meet or which may arise out of my traveling to or participating in and returning from said athletic meet.

Submission of your registration to the Queen City Gymnastics Invitational constitutes your consent to collect, use, disclose and retain your personal information as is reasonable for Gymnastics Saskatchewan and the Queen City Gymnastics Club for the following purposes: Name, event results, programs, web site results and photo posting.

Athlete's Signature
(If 18 years of age or over)

Parent/Guardian

Date