



## **2020 Western Canada Cup**

### **Statutory Declaration**

### **Medical and Risk Waiver Forms**

I, (enter name) \_\_\_\_\_, from (federation name) \_\_\_\_\_

Declare that the (enter name of federation) \_\_\_\_\_ has collected and filed all signed Gymnastics Saskatchewan's Medical and Risk Waivers forms for every gymnastics registered and participating in the 2020 Western Canada Cup.

Provinces are also responsible to have all the Medical & Risk Waiver forms available on site (hard copies or scanned copies).

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_