PARTICIPANT WAIVER FORM

Club:	
Name of Athlete:	
Date of Birth (d/m/y):	Age (as of Dec 31, 2024):
Home phone:	Cell Phone:
Emergency Contact during event:	Phone:
In consideration of your acceptance of my entry, 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 Gymnastics Saskatchewan and/or Marian Gymnastics Club , 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 travelling to or participating in and returning from said athletic meet.	
Signature of Participant:	Date:
Signature of Parent / Guardian:	Date:
PLEASE UPLOAD THIS REGISTRATION FORM TO MARIAN	
https://drive.google.com/drive/folders/196BmfHM4kz5If8XXIspkw8N92bsJel-q?usp=drive_link	