

Personal Information Protection Act

FIRST NAME:	LAST NAME:	
ADDRESS	CITY:	
PARENT/GUARDIAN NAME:	TELEPHONE:	
CLUB NAME:		

As a parent/guardian or participant attending above stated club, I give consent for the purposes of information. Your contact information will be kept confidential and made available only to the staff of the club stated above and Alberta Gymnastics Federation.

Photo/Video Release

Consent given / Consent refused
(circle one)

To take pictures or video of me/my child during my/their participation in any program, and that these may be used for advertising, noticeboard, website, and any social media platform.

Consent given / Consent refused
(circle one)

To take pictures or video of me/my child during my/their participation in any program, and that these may be used for training purposes.

***Note should you choose you can withdraw your consent in written notice at any time.**

Signed this _____ day of _____, 20____ at _____

Signature of Participant (if over 18 years of age)

Signature of Witness

Signature of Parent or Guardian (as named above)

Signature of Witness