



Consent Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____

Sport(s): _____ Age: _____ Date of Birth _____

Signature: _____ Date: _____

Athlete Testing Consent and Waiver

Any injuries or feeling of discomfort should be reported to the test administrator immediately. You are free to terminate the test at any point in time.

I, _____, understand that certain physical activity or testing undertaken may result in episodes of transient light-headedness, chest discomfort, fainting, leg cramps or other forms of injury. I also recognize my participation in any physical activity or testing involves risk of injury, including but not limited to bodily injuries, heart attack, stroke and even death. I also recognize that there are many other risks of injury which may arise due to my participation in any program or service, and that it is not possible to specifically list each and every individual injury risk. However, knowing, understanding, and appreciating the material risks and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all delineated risks of injury and all other possible risks of injury which could occur by reason of my participation. _____(initial)

Athlete Talent and Personal Information Consent and Waiver

I hereby assign and grant to The Alberta Sport Development Centre and its network (including centres in Medicine Hat, Grande Prairie, Fort McMurray, Lethbridge and Edmonton) the right and permission to use; store; reproduce; and publish photographs; film; video tapes; web pages; sound recordings; and/or printed or electronic representations that show my image; voice; and/or likeness thereof, and I hereby release ASDC and the ASDC network from any and all liability from such use and publication.

_____ (initial)

I hereby authorize the reproduction, sale, copyright exhibit, broadcast, publishing, electronic storage and/or distribution of said photographs; film; video tapes; web pages; and sound recordings and/or other representations of said materials without limitation at the discretion of the ASDC and its network and I specifically waive any right to any compensation I may have for any of the foregoing.

_____ (initial)

**I FULLY UNDERSTAND THE TERMS OF THIS CONSENT FORM AND HAVE
SIGNED IT VOLUNTARILY.**

Print Name: _____ Signature: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone Number: _____ Date: _____

Parent Acknowledgement (if participant is under the age of 18):

I acknowledge that the participant is under the age of 18. I have reviewed the information provided and certify it to be true and correct. I consent to the above participant to take part in this program or service.

Print Name (Parent/Guardian): _____

Signature of Parent/Guardian: _____