

**Coach Evaluation
Video Consent, Waiver, Indemnity and Release**



To become a certified coach in the National Coaching Certification Program (NCCP), coaches are evaluated while they are teaching a gymnastics lesson.

My coach has chosen to submit a video of themselves teaching a lesson to a Gymnastics Canada trained Coach Evaluator in order to complete their evaluation.

I, the undersigned, understand my coach will submit video clips that will be accessed by a Coach Evaluator, and, as a participant in the class, I may appear in the video clips, and as such:

- I understand that the video will be used for the purposes of evaluating my coach.
- I waive all rights of compensation now or future, which I may have in connection with use of such video.
- I release, defend, indemnify and hold harmless the Coach Evaluator, Provincial/Territorial Sport Organization (PTSO), and/or Gymnastics Canada from and against any claims, damages or liability arising from, or related to, my participation in videotaping sessions and the use of the video for purposes of coach evaluation.
- By making this application and participating in the video, the applicant, on behalf of the applicant or the applicant's child, expressly releases the Coach Evaluator, PTSO, and/or Gymnastics Canada from all claims arising out of the use of the video, including claims for invasion of privacy.

PARTICIPANT NAME

Participant Name (please print) _____ E-mail _____

Full Address: _____ Phone _____

PARTICIPANT CONSENT

I am over 18 years of age and have read this release and am fully familiar with its contents. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators, and assigns.

Signature

Date

PARENTAL / GUARDIAN CONSENT (required for individuals under the age of 18)

I am the parent or guardian of the minor named above and have the legal authority to execute a waiver and release on his or her behalf as stated above. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators, and assigns.

Name (please print) _____ E-mail _____

Full Address: _____ Phone _____

Signature of Parent / Guardian (if under age 18)

Date