

# 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