



Start Date

September 1 20 The following partic	U			-	BC and is r	Payme equired to b			Please turn ove
Club name: TAG Sports C						Date:	,	-	
Last name:			First name:				Birthdate:	M/DD	Age:
Gender: Cel	11 #:		E	mail:					
Mailing address:					City:			Postal coc	le:
The following information is colle BC medical number:		ur club whic formation:	ch retains con	trol and c	ustody of it	for safety a	nd emergen	cy purpose	5.
Parent/guardian:		Relations	ship:		Home Phone	#:			
Emergency contact (other than parent/gua	ardian):	Phone #:			Name of doc	tor:		Phone #:	
Note: The fees below include Gyn	nnastics BC	membershi	p/program fee	, insurance	e levy, and ti	he Gymnastie	cs Canada fe	e (\$8.40 pe	r member).
Check all applicable categorie	es (only the	highest mem	bership fee will	apply): T	TAG STA	FF WILL	FILL IN 7	ГНЕ ВО	XES BELOV
 □ Artistic casual* \$19.42 □ Artistic \$44.10 □ Cheerleading \$42 □ Circus arts \$44.10 □ Parkour \$44.10 □ Rhythmic \$44.10 □ Trampoline CanJump levels 1-4 \$44.10 □ Adaptive inclusive \$44.10 * Casual members attend 5 visits or fewer during the year. 			 □ Interclub performance \$57.75 □ Xcel Bronze □ Xcel Silver □ Xcel Gold □ JO 1 □ JO 2 □ JO 3 □ JO 4 □ JO 5 □ JO 5 □ JO 6 □ JO 7 □ JO 8 □ JO 9 □ JO 10 □ Aspire 1 □ Aspire 2 □ HP Novice □ HP Junior □ HP Senior 						
Men's artistic athlete \$157.75 (except interclub): Interclub performance \$57.75 Interclub performance plus \$57.75 Prov1 Prov2 Prov3 Prov4 Prov5 Open Elite 3 Elite 4 Junior Senior			Trampoline athlete \$157.75 (except interclub): 5 Interclub CanJump levels 1-12 \$57.75 TR: Prov1 Pov2 Prov3 Prov4 O Nat L5 Nat L6 Junior Nat L7 Senior						
Competitive athlete - other:			DMT: Prov1 Pov2 Prov3 Prov4 Nat L5 Nat L6 Junior Nat L7 Senior TU: Prov1 Pov2 Prov3 Prov4 Nat L5 Nat L6 Junior Nat L7 Senior						
Coach: Pre-CIT \$42: AG TG Recreational \$57.75: AG TG Competitive \$57.75: WAG AG AC ACTOBATIC \$57.75 Coach developer \$57.75 NCCP#:			Judge:						
Other:			Competitive Athlete Transfer:						
□ Volunteer/BOD \$40.95 □ Staff \$33.60 Honorary member \$0 Zone fees: □ Zone 1 \$6.30/participant □ Zone 5 \$3.15/comp athlete □ Zone 2 \$5.25/participant □ Zone 7 \$10.50/participant □ Zone 3 \$5.25/comp athlete □ Zone 8 \$10.50/participant □ Zone 4 \$2.10/comp athlete			 Yes - name of former club:						
Independent athlete \$378.00 \Box Y	′es - see th	e GBC regis	stration handb	ook for n	nore details	on indepen	dent membe	ership	

GYMNASTICS B.C.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

(hereinafter the "Release Agreement")

BY SIGNING THIS RELEASE AGREEMENT, YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE FOR NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF THE OCCUPIERS LIABILITY ACT OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT

PLEASE READ CAREFULLY!

INITIAL

Name of Participant	Last			First			
Parent or Guardian if participant under age 19	Last			First			
Address	Street			City		Prov./State	
	Country	Postal Code	Email		Date of Birth: Day /	Month / Year	Age

TO: GYMNASTICS B.C. AND ALL MEMBER CLUBS and their respective directors, officers, employees, members, participants, coaches, volunteers, agents, independent contractors, subcontractors, representatives, successors, and all owners, operators or occupiers of the facilities in which the gymnastics activities, as defined below, take place (all of whom are hereinafter collectively referred to as the "**Releasees**").

DEFINITIONS

In this Release Agreement, the term "gymnastics activities" shall include all orientation, training, instruction, supervision, competitions, programs, services, and use of facilities and equipment which are organized, provided, controlled or conducted by the Releasees.

ASSUMPTION OF RISKS – Participation in gymnastics activities, whether as an athlete, coach, official, assistant, volunteer or spectator, involves various risks dangers and hazards which can result in a serious injuries or death. These risks, dangers and hazards are reviewed in detail in the Gymnastics B.C. website at: https://gymbc.org/safety-and-risk-management. Please take the time to learn about the risks, dangers and hazards of participating in gymnastics activities by carefully reviewing the Health and Safety, Assumption of Risks, and Risk Management sections of the Gymnastics B.C. website. Exposure to infectious disease including COVID-19 is one of the risks of participating in gymnastics activities. Specific information regarding the response of Gymnastics B.C. and member clubs to the COVID-19 pandemic is found in the Public Health section of the website. If you are a parent or guardian of a participant under the age of 19, please educate your child on these risks, dangers and hazards before completing this form. All participants in gymnastics activities are required to assume all such risks, dangers and hazards and all injuries resulting therefrom.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH GYMNASTIC ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT (applies to person 19 years of age and older) In consideration of THE RELEASEES allowing me to participate in gymnastics activities, I hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against THE RELEASEES and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in gymnastics activities, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C. 1996, c. 337, ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN GYMNASTICS ACTIVITIES;
- 2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in gymnastics activities;
- 3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
- 4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of British Columbia and no other jurisdiction; and
- 5. Any litigation involving the parties to this Release Agreement shall be brought solely within British Columbia and shall be within the exclusive jurisdiction of the Courts of British Columbia.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of gymnastics activities, other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Dated this day of 20	Si
Signature of Witness	PI
Please Print Name	Si

Please Print Name

Signature of parent or guardian if participant is under age 19

Visa – Mastercard Pre – Authorization

Athlete's Name:				
Effective the 1 st day of e	ach month, commencing			
	,I			
month-day-year	, I name – please print			
do authorize TAG Sports	Centre to debit my Visa or Mastercard the amount of			
\$	for payment of gymnastics fees. NSF Fee \$25.00			
Last payment for recrea	tional gymnastics fees is June 1 st , 2022			
Last payment for compe	etitive gymnastics fees is August 1st, 2022			
My Visa number is:				
My Mastercard number	is:			
Expiry Date: mm/yy				
3 digit number on back of card				
Name on card				

Signature of Cardholder

Date: