



## Team Yukon - Consent Agreement

### Risk:

I, \_\_\_\_\_  
the undersigned, understand and acknowledge that participation in the 2024 Arctic Winter Games Trials might result in personal injury, property damage or loss. I fully understand these risks and hereby agree to participate in the 2024 Arctic Winter Games Trials voluntarily and at my own risk. I further state that I am in proper physical condition to participate in the Trials.

### Rules:

I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules and regulations set down by Team Yukon and the Yukon Sport Governing Body.

### Liability:

In consideration of acceptance of my participation in the 2024 Arctic Winter Games Trials, I agree that Team Yukon and the Yukon Sport Governing Body, their volunteers, sponsors, employees or agents shall not be liable for any personal injury, property damage or loss arising from, or in any way resulting from, my participation.

### THE APPROPRIATE SIGNATURE SECTION MUST BE COMPLETED FOR EACH PARTICIPANT

Each participant must complete the following. Please check the appropriate box:

I confirm that I am:     Under the age of 18     Of the full age of 18 years, have read, understood and agree to the contents of this Informed Consent Form in its entirety.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Print Name of Participant

For each participant Under the age of 18 the following must be completed by his/her parent or guardian:

I, as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Informed Consent Form in its entirety.

I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved, and to inform him/her of the importance of abiding by the rules and regulations of the Trials.

Signed the \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Please print name of Parent/Guardian