

Both sections MUST be completed for ALL Members

COMPETITION/SANCTIONED EVENT WAIVER – Participant's Assumption of Risk 2017-18 Competition Season

I am aware and understand that there are a number of inherent risks involved in my participation in this sporting activity and are beyond the control of the Canadian Baton Twirling Federation, the Provincial Baton Twirling Organization, Association or Corporation in the province in which any competition and/or sanctioned activity in which I participate takes place, the host club(s) or province, the event or competition director, the owner, occupier, operator, and/or tenant of the event facility, and any person, corporation or organization associated with the operation of such competitions or events. I further agree that I am assuming personal responsibility for any costs as well as any loss, damage, injury or ambulance service resulting from or in connection with such participation at each competition in which I compete, or event in which I participate. I have read and understand this Waiver.

Print Name:	Date:
(Parent/Guardian if member under 18 years)	
Signature:(Parent/Guardian if member under 18 years)	Date:
Print Name of Member:	Club Affiliation:
CBTF Media Consent – Photo	ography/Media Coverage/Website
	during competitions, banquets, clinics, awards and special ed or parental/guardian consent if the athlete is under the age
Media coverage is occasionally done throughout the con Twirling and to acknowledge club and athlete's accompli associations in the local newspapers and on the CBTF we	ishments. This means publishing of athlete's names and club
On occasion the media will attend competitions including the parents' responsibility to provide parental consent to	g radio, television, newspaper etc. At these times, it will be the specific media outlets.
Consent Do you grant the Canadian Baton Twirling Federatio and image?	on permission to post all forms of publicity including full name
Yes, permission is granted	No, permission is not granted
Member's Full Name:	Club:
Membership Number:	
Parent/Guardian Name:	

Signature: _

_Date: _____