



Participant Registration Form
2018 Territorial Trials / Arctic Winter Games

INFORMED CONSENT AGREEMENT

Risk:

I, the undersigned understand and acknowledge that participation in the 2018 Territorial Trials/Arctic Winter Games might result in personal injury, property damage or loss, and possible death. I fully understand these risks and hereby agree to participate in the 2018 Arctic Winter Games process voluntarily and at my own risk. I further state that I am in proper physical condition to participate in these Games.

Liability:

In consideration of acceptance of my participation in the 2018 Territorial Trials/ Arctic Winter Games, I agree that the Sport North Federation and 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 unless such injury, loss or damage is caused by negligence of the Sport North Federation or their volunteers, sponsors, employees, or agents while acting within the scope of their duties.

Photo Consent:

I hereby grant the Sport North Federation consent to use any photographs taken of me throughout the process of the Territorial Trials and at the Arctic Winter Games in Hay River/Fort Smith (South Slave), NWT.

THE APPROPRIATE SIGNATURE SECTION MUST BE COMPLETED FOR EACH PARTICIPANT

Each participant (i.e. Athlete, Coach and Chaperone) must complete the following. Please check the appropriate box:

I confirm that I am: [] Under the age of 19 [] Of the full age of 19 years, have read, understood and agree to the contents of this Informed Consent Form in its entirety.

Signature of Participant (Athlete, Coach, Chaperone)



Witness



Print Name of Participant (Athlete, Coach, Chaperone)

Print Name of Witness

For each participant Under the age of 19, the following must be completed by his/her parent of 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.

Signed this _____ Day of _____, 20_____

Signature of Parent/Guardian



Print Name of Parent/Guardian

Please submit the completed form to your Regional Coordinator

Mackenzie Region

Name: Val Gendron
Address: Box 659
Fort Simpson, NT X0E 0N0
Tel: (Val) 867-695-3310
E-mail: pillingmrtv@gmail.com

Yellowknife Region

Name: Bill Othmer
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Beaufort Delta and Sahtu Regions

Name: Colin Pybus
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South Slave Region

Jeff O'Keefe
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