

## Personal Information and Photo/Video Release

PARTICIPANT'S FIRST NAME:	PARTICIPANT'S LAST NAME:	PARTICIPANT'S DATE of BIRTH:	GENDER:
ADDRESS:		CITY:	POSTAL CODE:
PARENT/GUARDIAN FIRST NAME:	PARENT/GUARDIAN LAST NAME:	TELEPHONE:	
EMAIL:		GYMNASTICS CLUB NAME:	

Your personal information such as Name, Date of Birth, Gender, Address, Phone, and Email will be protected and managed in accordance with the PIPEDA and made available only to the staff of the Gymnastics Club and Rhythmic Gymnastics Manitoba (pertaining to any information related to Rhythmic Gymnastics Manitoba, this includes but not limited to emails for special events, live broadcasting, video, results, website, noticeboards, advertising, photos, social media platforms, funding, and Provincial Team requirements). Non-identifying information will be provided to Gymnastics Canada and Sport Manitoba.

### Personal Information/Photo/Video Release

YES, I give consent

**To send information (Pertaining to Rhythmic Gymnastics Manitoba Membership and the Gymnastics Club programs. This includes but not limited to emails, newsletters, special events, general information, fundraising, donation request, invoices, honorariums, Provincial Team, etc).**

NO, I refuse consent

YES, I give consent

**To take pictures or video of me/my child during my/their participation in any program, and that these may be used for advertising, newsletters, noticeboards, website, live broadcast, special events, Provincial Team, and any social media platforms. (Gymnastics Club and Rhythmic Gymnastics Manitoba)**

NO, I refuse consent

YES, I give consent

**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.**

NO, I refuse consent

**\*Note should you chose you can withdraw your consent in written notice at any time to \_\_\_\_\_.**  
(Gymnastics Club)

**If you need any additional information about PIPEDA, you can contact the Rhythmic Gymnastics Manitoba office at (204) 925-5738 or via email at [rhythmic@sportmanitoba.ca](mailto:rhythmic@sportmanitoba.ca)**

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