I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**name of adult Participant**) am authorized and request to participate in the NWT Judo Association’s Kam Lake Dojo.

I AM AWARE AND ACKNOWLEDGE that the participation at the Kam Lake Dojo involves many inherent RISKS, which risks include but are not limited to the possibility of personal injury such as skin abrasions, nerve, bone, spinal cord and neck damage, pain, paralysis, brain injuries or even death, property damage and property loss.

I UNDERSTAND that the above activities require a minimum level of fitness and physical, mental and emotional health. I further understand that the probability of the risks occurring depends in part on my level of fitness and health as well as on that awareness, care and skill with which I conduct myself in the program.

I WARRANT that I am physically, mentally and emotionally fit to participate at the Kam Lake Dojo.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that:

1. By choosing to participate at the Kam Lake Dojo brings with it the assumption by me of the risk and I ASSUME FULL RESPONSIBILITY relative to those risks.
2. I am free to withdraw from the Kam Lake Dojo at any time. I agree to withdraw from the Kam Lake Dojo immediately if I begin to experience any signs of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea or other similar ailments.
3. The NWT Judo Association is not responsible for administering medication for providing any medical treatment on an emergency basis or any other. It is my responsibility to see that I do so.
4. The NWT Judo Association reserves the right to photograph and video program participants and publish them in our publications and on our website.

I declare that I have read, understood and agree to the contents of the INFORMED CONSENT form in its entirety this\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT WITNESS**