I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**name of Parent/Guardian**) am authorized and request to have

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**“my child”**) participate at 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 Child’s level of fitness and health as well as on that awareness, care and skill with which my Child conducts themself in the program.

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

I UNDERSTAND, AGREE AND ACKNOWLEDGE that:

1. By choosing to have my Child participate at the Kam Lake Dojo brings with it the assumption by me that and by my Child of the risk and I ASSUME FULL RESPONSIBILITY to instruct my Child about the risks and the choices available to them or relative to those risks.
2. I am free to withdraw my Child from the Kam Lake Dojo at any time. I agree to withdraw my Child from the Kam Lake Dojo immediately if my Child begins 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 to my Child for providing any medical treatment on an emergency basis or any other. If my Child takes medication it is my responsibility to see that they 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\_\_\_.

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

**PARENT/GUARDIAN WITNESS**