



2012 Arctic Winter Games
Participant Agreement

BETWEEN: Whitehorse 2012 Arctic Winter Games Host Society, Arctic Winter Games International Committee (the "Released Parties")

AND: ("PARTICIPANT")

PRINT Participant First & Last Name

Consent for Medical, Therapeutic, Chiropractic, and/or Surgical Treatment I/Participant authorize the Physician and/or Therapist and/or Chiropractor to perform any procedure, treatment or prevention deemed to be clinically indicated and necessary as well as care provided by any health care professional to which I am referred provided by the Whitehorse 2012 Arctic Winter Games Medical Services Committee. The anticipated nature, effects, alternatives to and possible complications of the investigative procedure or treatment are to be explained to me by the Physician, Therapist or Chiropractor prior to receiving treatment. In the event of a life threatening emergency, I authorize the recommended course of treatment without being provided an explanation.

I/Participant hereby further consent to the release of medical information to my Contingent Chef de Mission and to health professionals for the continuity of care or Public Health in the event of injury to myself / the participant or other medical emergency. Such release shall only apply to an injury or other medical emergency or existing condition requiring treatment during the Whitehorse 2012 Arctic Winter Games or such reasonable time related thereto.

Consent to Use of Information I/Participant consent to and grant the Released Parties, their representatives, assigns, employees, agents and any person acting under their authority, the right to take photographs, audio and video recordings and other visual media of me in association with the Games (referred to as "Works"), and to use, reuse, adapt, alter, crop, produce, reproduce, publish, republish, distribute to the public, communicate to the public by telecommunication, publicly present as cinematographic work, present at public exhibition, preserve, conserve or archive the Works for any purpose related to departmental programming and its promotion throughout the world, including but not limited to, in any publication, broadcast posting on the internet, advertising or display. I/Participant waive any right, title interest or other claim that I/Participant may have in the Works, including any right to examine or approve the content or use of the works, either now or in the future. I/Participant further grant to the Released Parties the right to use, without payment of any fee, charge, royalty, or other compensation of any kind, any and all written information (not including information contained in the medical form) about me collected during the Games for non-commercial promotional uses and I hereby waive any right to approve such use now and in the future.

Release of Liability, Waiver of Claims & Indemnity I/Participant acknowledge that, by participating in the Games, I/Participant may take part in activities that involve inherent dangers that may put me at risk or serious injury or illness, including: death, property damage, and financial or other loss. While the Released Parties strive to reduce these risks, they can never be completely eliminated. In consideration of the Released Parties accepting this application, I/Participant, for myself and for my heirs, executors, administrators and assigns, release the Released Parties from any claims, demands, damages, actions or cause of action and waive any claims I/Participant may have in the future arising out of or in consequent of any loss, injury or damage which may have arisen by reason of my involvement as a participant or otherwise including, without limitation, any loss, injury or damage arising from the negligence of the Released Parties, its servants, agents or employees. Without limiting the generality of the foregoing, I/Participant further release any recourse, which I may now or hereafter have resulting from any decision of the Released Parties.

I, PARTICIPANT AND, IF PARTICIPANT IS UNDER MAJORITY, I, GUARDIAN, CONFIRM THAT I HAVE READ AND UNDERSTOOD THE AGREEMENT AND AGREE THAT THIS AGREEMENT WILL BE GOVERNED BY AND INTERPRETED IN ACCORDANCE WITH THE LAWS APPLICABLE IN THE YUKON TERRITORY. IF PARTICIPANT IS UNDER THE AGE OR MAJORITY, I, GUARDIAN, HEREBY CERTIFY THAT I AM THE PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THR PARTICIPANT.

Participant Printed Name

Date

Participant Signature (ALL AGES)

Parent/Guardian Printed Name

Date

Parent/Guardian Signature (IF PARTICIPANT UNDER THE AGE OF MAJORITY)

Witness Printed Name

Date

Witness Signature