**PARENTAL CONSENT, WAIVER & RELEASE FORM**

**FOR GYMNASTICS (16 AND ABOVE)**

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parents/legal guardians of the participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Filipino citizens and with address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare under oath:

1. I/We give Full Consent for our child/ward \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“The Participant”) to participate in the Philippine National Games 2023 (hereinafter called “The Tournament”) to be held on 16-22 December 2023 in Metro Manila.
2. To the best of my/our knowledge, our child/ward \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in good physical condition and I/we am/are not aware of any physical infirmity that would place my/our child/ward at risk in participation in any way with “The Tournament”.
3. I/We am/are fully aware of the risks and hazards connected with all tournament activities, including the travel to-and-from “The Tournament”.
4. I/We voluntarily assume full responsibility for any risk, loss, property damage, or personal injury that may be sustained by my/our child, arising out or in connection with the participation of our child/ward in “The Tournament”, and hereby agree to indemnify, hold harmless and release the PHILIPPINE SPORTS COMMISSION from any liability or damage, or cost or cause of action that may accrue related to my/our child in the conduct of the said national games.
5. During the period of “The Tournament”, I/we hereby give permission of the assigned medical personnel, assistant or first-aid practitioner to administer appropriate medical attention to my/our child/ward in the event of any accident, illness or injury.
6. I/We understand that the PHILIPPINE SPORTS COMMISSION shall take appropriate and reasonable safety precautions and measures to help ensure the safety of my/our child/ward during “The Tournament”.
7. It is my/our intent that this Waiver of Liability, Hold Harmless Agreement, and Consent to Medical Treatment shall bind members of my family, heirs and assigns and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE.
8. I/We acknowledge and represent that I/we have read and understood this document and sign it voluntarily; I/we am/are at least eighteen (18) years of age and fully competent; and I/we execute this release for full, adequate and complete consideration and fully intending to be bound by the same.

Signed this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_ 2023 at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines.

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

Print Name Signature

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

Print Name Signature

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

Date Athlete’s Name

**IN CASE OF EMERGENCY**

NAME :

RELATIONSHIP :

CONTACT NUMBER :