

## GENERAL RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

The Canadian Transplant Games are the premiere athletic celebration of sport for transplant recipients across the country. The Games provide a venue of national competition and provide an opportunity to prepare for the World Transplant Games. Shining a light on post-transplant healthy living the Games also serve as an opportunity to raise awareness and celebrate organ donation.

ATHLETE (name in full): \_\_\_\_\_

IN CONSIDERATION of being permitted to participate in the Canadian Transplant Games, held August 3-9, 2024, in Ottawa, Ontario I hereby acknowledge and agree to the following as the parent/guardian of the athlete who is a minor:

*\*Please note that athletes will not be permitted to participate in the Games unless this Agreement is signed.*

### PART I:

I hereby confirm I discussed the possibility of any adverse effects of the **Canadian Transplant Games** on the athlete's health with their physician and/or healthcare provider and they agreed the athlete is fit to compete in their selected events. I, as the athlete's parent/guardian, understand and accept the risk of any and all adverse effects as a result of the athlete's participation in the Games.

\_\_\_\_\_ Initial

### PART II (\*if applicable):

A cardiac stress test is recommended for athletes with symptoms or history of coronary heart disease, heart transplant recipients and those over 40 years of age who are competing in medium or heavy stress level events. All cardiac stress tests should be performed no earlier than 6 months before the start of the Games (3 August 2024). Athletes, and their parent/guardian, are **STRONGLY** encouraged to discuss this recommendation with their healthcare provider prior to competing.

*\*For athletes who have decided against having a stress test prior to competing, whether in consultation with their healthcare provider or independently with their parent/guardian:*

I hereby confirm I understand and accept any and all risks of the athlete not performing a stress test, as recommended.

\_\_\_\_\_ Initial  
(if applicable)

### PART III:

In support of maintaining the athlete's health and mitigating adverse effects, I confirm as their parent/guardian, they have been physically training/preparing according to the stress levels of their select events, to participate in the **Canadian Transplant Games**.

\_\_\_\_\_ Initial

PART IV:

In consideration of the opportunity for the athlete to participate in the **Canadian Transplant Games**, I \_\_\_\_\_ (print name) hereby release and forever discharge the **Canadian Transplant Association, it's officers, directors, representatives and agents and all other venue representatives and administrators** from all manner of actions, causes of action, contracts, claims and demands for or by reason of any INJURY, LOSS, OR DAMAGE TO MY CHILD OR PROPERTY AND ALL EXPENSES AND COSTS, HOWEVER CAUSED, ARISING OUT OF AND IN CONNECTION WITH THE ATHLETE'S PARTICIPATION in the **Canadian Transplant Games** and associated activities and notwithstanding that the same have been contributed to or occasioned by the negligence of the **Canadian Transplant Association**, its officers, directors, representatives and agents.

\_\_\_\_\_ Initial

PART V:

I hereby agree to information about the athlete's participation being released to the media and to them being interviewed or photographed in connection with their participation in the **Canadian Transplant Games**, held August 3-9, 2024, in Ottawa, ON.

\_\_\_\_\_ Initial

PART VI:

This Waiver will be governed by and construed in accordance with the laws of the Province of Ontario.

**I have read this general release of liability and assumption of risk agreement, fully understand its terms and sign it freely and voluntarily as the parent/guardian of the athlete, who is a minor.**

PARENT/GUARDIAN (name in full): \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

WITNESS (name in full): \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_