**CONSENT FOR MEDICAL TREATMENT**

(Participants / Volunteers 18 years of age and over)

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of participant/volunteer), give permission to the Ontario Senior Games Association to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment.

I understand that the Ontario Senior Games Association will make every reasonable effort, in the circumstances, to contact \_\_\_\_\_\_\_\_\_\_\_\_

(Contact)at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(telephone)regarding my medical status in the event medical care or treatment is required. In the event that \_\_\_\_\_\_\_\_\_\_\_\_\_ (Contact) or I cannot be reached, I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional whose services might be required to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for my myself and that I am fully informed as to the contents of this document and understand the full import of this grant of

powers to the Ontario Senior Games Association.

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Participant/Volunteer:**

**Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **IMAGE CONSENT FORM AND RELEASE**

1. I hereby grant to the Ontario Senior Games Association and its agents on a worldwide basis, the permission to take, use and copyright in their own name photographs, videotapes, digital and video images, films, voice recordings or any other likeness of me (collectively the "Images"), to use, transmit, publish and sell such Images, in any format, style, form or media. This consent will remain in effect in perpetuity.
2. I further agree that all Images, plates, negatives and masters relating to the foregoing will be owned by the Ontario Senior Games Association.
3. I hereby fully release, discharge, and agree to save harmless the Ontario Senior Games Association, for any and all claims, demands, actions, damages, losses or costs that might arise out of the collection, use or disclosure of the Images or taking, publication, sale, distortion of the Images, plates, negatives, and masters or any other likeness or representation of me that may occur or be produced in the taking of said Images or in any subsequent processing thereof, including without limitation any claims for libel, passing off, misappropriate of personality or invasion of privacy.
4. I UNDERSTAND AND AGREE, that I have read and understood the terms and conditions of this document. On behalf of me, my heirs and assigns, I agree that I am signing this document voluntarily and to abide by such terms and conditions,

**Signed at this** \_\_\_\_\_\_\_\_**day of**\_\_\_\_\_\_\_\_\_\_**20\_**\_\_\_

**Print Name of Participant/Volunteer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Participant/Volunteer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**District**\_\_\_\_\_\_\_\_\_