**Skills Canada BC (SCBC) - Acknowledgement of Risk and Media/Photo/Video Release**

Competition Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BC Personal Health Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therefore, in consideration for the opportunity to compete in the 2025 Skills BC Regional Competition, I have read, understood, and by signing this "Competitor Release Form," agree to the following terms;

**Consent and Acknowledgement of Risk**

* While staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of the activities and may occur without fault on the part of SCBC, the student, school, its employees or agents or the facility where the activity is taking place. By signing this form and participating in activities associated with SCBC, you are agreeing that the activities you will engage in are suitable and there is a risk of injury associated with said activities. In addition, I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by SCBC.
* I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that the student may suffer personal and potentially serious injury arising from their participation.
* The student has been informed that they are to abide by the rules and regulations, including directions and instructions from SCBC and/or service provider’s, administrators, instructors, and supervisors over the entire extent of the program/activity.
* In the event the student fails to abide by the rules and regulations, disciplinary action may require exclusion from further participation.
* I acknowledge that it is my responsibility to advise SCBC of any medical and/or health concerns of the student that may affect their participation in the program/activity.
* I acknowledge that SCBC may secure transportation to emergency medical services as they deem necessary for the student’s immediate health and safety, and that I shall be financially responsible for such services.

**Media/Photo/Video Release**

I agree that Skills Canada BC and any Host Post Secondary Schools (such as College of New Caledonia, Coast Mountain College, College of the Rockies, Kwantlen Polytechnic University, Camosun College, Okanagan College, Northern Lights College, Thompson Rivers University, Vancouver Community College, University of the Fraser Valley and Vancouver Island University) may use any photographs or videos taken of the competitor while attending and participating in SCBC activities in its promotional materials and bulletins.

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Competitor 19 or over Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_