**Physical Education 20 Informed Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have enrolled in the Physical Education 20 course offered through Alberta Distance Learning Centre.

I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, sports activities involving implements, such as bats, balls and sticks, outdoor activities such as skiing, biking, kayaking, canoeing and hiking, flexibility activities, such as gymnastics, yoga and pilates, dance activities and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read through the supervision requirements of the course and understand that it is my responsibility to ensure that I have proper supervision involving persons that have vast experience in the activities I am participating in. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ also understand that all my supervisors need to be over the age of 18.

In consideration of my voluntary participation in this program, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby accept responsibility for the demands, conditions, and causes of action as a result of my participation and enrollment. These conditions may include, but are not limited to, heart attacks, strokes, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or other joints of the body, concussion, injuries to back, injuries to a foot, heat prostration, or any other illness or soreness that I may incur, including death.

I affirm that ADLC/Vista Virtual School has advised me to obtain Student Accident Insurance and:

\_\_\_I have acquired Student Accident Insurance

\_\_\_I have chosen to not acquire Student Accident Insurance

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant’s signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)