



**Medical Acknowledgement**

I/WE hereby acknowledge that I am medically fit and I have no medical conditions that would interfere with my attendance at the Skills Competition and acknowledge my responsibility to disclose any medical condition that could compromise my safety or the safety of others while I attend or participate in Skills Competition activities.

I/WE do voluntarily authorize Skills/Compétences Canada and all of its provincial and territorial members to obtain emergency medical treatment and diagnostic procedures for the named person as deemed necessary in reasonable medical judgment.

I/WE agree to indemnify and hold harmless Skills/Compétences Canada and all of its provincial and territorial members for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

**Release Of Information/Photos**

I/WE agree that information pertaining to my participation in Skills activities, including my name and occupation may be used by Skills/Compétences Canada and all of its provincial and territorial members in promotional material and websites, and that still photographs and videotapes of me taken during the course of Skills/Compétences Canada and all of its provincial and territorial members activities become the property of Skills/Compétences Canada and all of its provincial and territorial members and may be used and reproduced in promotional materials and websites. I/WE also understand that Skills Canada Manitoba may communicate with me or with my parent or guardian if I am under the age of majority.

*Having read and understood completely Skills/Compétences Canada's and all of its provincial and territorial members' "Code of Conduct, Liability Release, Medical Acknowledgement, and Release of Information/Photos," and, by signing this form below, I/WE do hereby agree to follow the procedures and practices described.*

PRINT NAME: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Judge

\_\_\_\_\_  
Signature of Guardian (If judge is under 18 years)

\_\_\_\_\_  
Witness (If judge is over 18 years)

31 – 1313 Border Street  
Winnipeg, MB R3H 0X4

Phone: 204-927-0250  
Fax: 204-927-0258

Email: [shawnao@skillscanada.com](mailto:shawnao@skillscanada.com)  
Website: [www.skillsmanitoba.ca](http://www.skillsmanitoba.ca)