



Name: _____ Date of birth _____/_____/_____ Age: _____
Year / month / day
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone Number: _____ Association: _____
Event: _____ Membership #: _____ Email Address: _____

Emergency Contact Information

Name: _____ Phone Number: _____ Relationship: _____

AUTHORIZATION TO USE AND RELEASE MEDICAL AND INJURY INFORMATION

BY SIGNING THIS DOCUMENT, I AM AUTHORIZING THE CANADIAN PRO RODEO SPORT MEDICINE SOCIETY (ALSO CALLED THE CANADIAN PRO RODEO SPORT MEDICINE TEAM AND REFERRED TO HEREIN AS "CPRSMT") AND ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND VOLUNTEERS ("Receiving Parties") TO USE AND RELEASE CERTAIN MEDICAL AND INJURY INFORMATION ABOUT ME COLLECTED BY THE RECEIVING PARTIES DURING THE COURSE OF MY PARTICIPATION IN CANADIAN PROFESSIONAL RODEO ASSOCIATION ("CPRA") SANCTIONED RODEOS AND EVENTS. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY.

1. This authorization relates to information in my medical records, reports, tests, treatment records, results and other information (the "**Information**") collected by the Receiving Parties in the course of my participation in CPRA sanctioned rodeos and events.
2. For CPRSMT to provide accurate reports on my medical condition and any injury sustained by me to the media, rodeo fans and other interested parties, and in consideration for my being allowed to participate in CPRA sanctioned rodeos and events, I hereby authorize Receiving Parties to release reports about me and my medical condition and injuries, including but not limited to reports incorporating some or all of the Information, for the following purposes:
 - to report to the media my medical condition and injuries, the length of time I may be unable to compete, my rehabilitation program, and my expected date of return to rodeo events;
 - to use the Information for purposes of data collection and research and to educate others on rodeo injuries and their nature, frequency, severity, treatment and care in whatever medium.
 - to provide information to rodeo fans, officials and sponsors about my medical condition and injuries, the length of time I may be unable to compete, my rehabilitation program, and my expected date of return to rodeo events;
 - to allow the CPRA and any Rodeo Committee member of the CPRA in connection with a CPRA sanctioned rodeo produced by such Rodeo Committee member, to use the Information in administering their respective organizations and to ensure my compliance with certain rules that involve injuries, illnesses and medical-related issues; and

- to allow the CPRSMT to disseminate the Information amongst it's members and any other medical professional to which I may be referred for better continuity of my care.
- 3. I acknowledge that the reports and Information may be re-disclosed by the recipient of the Information and that the recipient may not be required to keep the Information confidential.
- 4. I understand that I do not have to grant this Authorization as a condition of the provision of treatment by CPRSMT.
- 5. I understand that so long as the Receiving Parties act honestly and in good faith in disclosing any such reports and Information, none of tem shall be responsible for any inaccuracy in such reports and Information.
- 6. I understand that I may revoke (take back) this Authorization at any time, except to the extent that Receiving Parties have already acted based on this Authorization, by sending a written revocation to: CPRA at 272245 Range Rd 292, Airdrie, AB T4A 0E2 and to CPRSMT at Box 2027 Cochrane, AB T4C 1B8.
- 7. I understand that this Authorization shall continue so long as I am a member of the CPRA and it has not been revoked.
- 8. I acknowledge that the provisions of this Authorization shall be binding upon me, my heirs, legal representatives, successors, and assigns.

Printed Name: _____

Signature: _____

Witness Signature: _____

Print Name: _____

Date: _____