



Shooting Federation of Canada

High Performance Program

Medical Consent Form

I certify that should no family member or other designated person be available to act on my behalf I hereby convey temporary authority to the designate of the Shooting Federation of Canada for the sole purpose of obtaining or arranging emergency medical care as may be deemed necessary for my well-being when I am debilitated and/or unable to speak for myself. This authority is limited to any Shooting Federation of Canada formal training camp/activity and/or ISSF World Cup or Major Games.

THEREFORE, I hereby approve and empower the designate of the Shooting Federation of Canada with the authority to arrange and/or consent for any and all emergency medical care and treatment in my incapacitation.

THIS DOCUMENT TO BE ELECTRONICALLY SIGNED.