

LAST NAME (PLEASE PRINT)

FIRST NAME

INITIAL

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RELEASE AND INDEMNITY

As a condition of my participation in events sponsored or sanctioned by **The Masters Swimming Association of B.C. ("MSABC")** I:

- a) Confirm that I am aware that **Master Swimming** is a sport which involves risks including significant cardiovascular demands.
- b) Confirm that I am physically fit and able to participate in competitive swimming. I am not aware of nor have I been advised of any physical limitations to my participation.
- c) I agree that I will not make any claim for damages, costs or otherwise against **MSABC**, its agents, volunteers, clubs, sponsors, officials for the owners or operators of any facilities used by **MSABC**, even if such claim is based upon the negligence of those organizations or individuals described above.
- d) Agree to indemnify and hold **MSABC** and those individuals and organizations set forth in the preceding paragraph from any claims from loss or damage associated with my participation in events sponsored or sanctioned by **MSABC**.
- e) Agree that this document is binding upon me and my successors, personal representatives and next of kin.

THE PURPOSE OF THIS DOCUMENT IS TO PRECLUDE ANY CLAIM ARISING OUT OF MY PARTICIPATION IN EVENTS SPONSORED OR SANCTIONED BY THE MASTERS SWIMMING ASSOCIATION OF BRITISH COLUMBIA

DATED at _____, this _____ day of _____ 20_____

X _____

(SIGNATURE OF MEMBER or PARENT/GUARDIAN
*If you are 18 years old, you must have parent or guardian sign.

As I am 18 years old, I release **The Masters Swimming Association of B.C. ("MSABC")** from physical risk.

X _____

(SIGNATURE OF 18 YEAR OLD MEMBER)

APPLICATION FORM FOR MASTERS SWIMMING ASSOCIATION OF BRITISH COLUMBIA
PLEASE FILL OUT THE APPLICATION FORM COMPLETELY AND CLEARLY.

Last Name: _____

Given Name: _____ Initial: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Email _____

Sex: M _____ F _____ Date of Birth: _____ / _____ / _____
DAY MONTH YEAR

PLEASE REGISTER ME AS UNATTACHED OR WITH _____.

***PLEASE MAKE CHEQUES PAYABLE TO "Masters Swimming Association of BC" or "MSABC".