

Sporting Event Release for the Under the Four Bridges 1K Swim

Name:

Age:

Sex:

Address:

Phone:

Emergency Contact:

Emergency Contact
Phone:

Event: Under the Four Bridges 1K swim

Athlete's Waiver, Release and Indemnification

In consideration of the acceptance of this entry in the Under the Four Bridges Canal 1km Swim I, for myself, my heirs, executors, administrators and assigns, waive any claims to which I may become entitled for injury or damage and release **SWIMCANADA/SWIM ONTARIO, MASTERS SWIMMING ONTARIO/CANADA, WELLAND OTTERS SWIM TEAM, WELLAND RECREATIONAL CANAL CORPORATION, CITY OF WELLAND** and all other organizers, sponsors, representatives, their agents and employees and any other person or organization assisting in this event from any claims for damages or injury suffered by me as a result of my participation in or travelling to or from this event. I further state that I am in proper physical condition to participate in this event and am aware that participation could, in some circumstances, result in physical injury. I also give my permission for the free use of my name and picture in broadcast, telecast or written account of this event.

INDEMNIFICATION

In consideration of _____ accepting the within application, I, _____ parent/guardian of _____ agree to indemnify **SWIMCANADA/SWIM ONTARIO, MASTERS SWIMMING ONTARIO/CANADA, WELLAND OTTERS SWIM TEAM, WELLAND RECREATIONAL CANAL CORPORATION, CITY OF WELLAND**, its servants, agents or employees from any claims or demands which might be made against the _____ arising out of or in consequence of the attendance or participation by _____ in this event.

If under the age of eighteen, indemnification must be signed by parent or guardian

Athlete's Signature:

Date:

Parent's Signature (if Athlete is under the age of eighteen):