

ATHLETE WAIVER & RELEASE

Last Name: _____ First Name: _____

Gender: M ___ F ___ D.O.B.: (d)____(m)____(yr)____

Age as of Dec. 31, 2019: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: () _____ E-Mail address: _____

I am registered with <CIMS> or <MSO>: Swimmer #: _____ Club Name: _____

OR

I am not registered with <CIMS> or <MSO>. As a Single-Event Registrant I will pay the additional fee of \$6.00 <or \$12.00 for Provincials> to receive insurance coverage. AND

I am a Single-Event Registrant under the age of 26 years. I confirm that I have read the Government of Ontario's Concussion Awareness Resource (Rowan's Law) – see <https://www.mastersswimmingontario.ca/rowans-law/> <ONTARIO ONLY>

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In consideration of the acceptance of this entry, I for myself, my executors, administrators and assigns, do hereby release and discharge the Event organizers, Canadian Independent Masters Swimming and Master Swimming Ontario, from all claims and damages, demands and actions whatsoever in any manner arising or growing out of my participation in this event. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate.

I have read and agree with the above waiver

Signature: _____ Date: _____