



Canadian Independent
Masters Swimming
Maîtres-nageurs indépendants du Canada

PO Box 11352, OTTAWA H
Nepean, ON K2H 7V1
613-406-8930

SWIMMER REGISTRATION FORM

Name

Address

City / Prov

Postal Code

Phone

Home () -

Cell () -

Email

Date of Birth

DD MM YYYY

Gender

☐

Female

☐

Male

☐

Other

(NOTE: Gender "Other" may be used by swimmers who do not identify as Female or Male.)

Swimmer Number

Club (if applicable)

(NOTE: If swimming unattached your club will be your provincial club)

**PLEASE MAIL FORM & CHEQUE PAYABLE to CIMS-MSO
TO THE ABOVE ADDRESS**

REGISTRATION FEE: \$15.00

VALID: SEPTEMBER 1 to AUGUST 31 each year

Signature:

Date:

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

NAME: _____ (“Participant”) NAME OF CLUB: _____

This is a binding legal agreement. As a Participant in the sport of swimming and the programs, activities and events of the club named above (the “club”) and, as the case may be, *Canadian Independent Masters Swimming (CIMS)*, *Masters Swimming Manitoba (MSM)* or *Masters Swimming Ontario (MSO)* (the “Organization”), the undersigned acknowledges and agrees to the following:

Disclaimer

I agree that the club and the Organization, and their respective directors, officers, committee members, members, employees, coaches, volunteers, officials, judges, participants, agents, owners/operators of facilities, and representatives (collectively the “Organization”) are not responsible for any injury, sickness, disease including but not limited to COVID-19, damage or loss of any kind suffered by a Participant during, or as a result of, the sport of swimming or any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Assumption of Risk

I am aware participation in competitive and non-competitive swimming involves many risks, dangers, and hazards, which may not be easily identified. Such risks, dangers, and hazards include, but are not limited to, an injury, Health-related problem or death resulting from:

- Exertion and stretching of various muscle groups or strenuous cardiovascular activity in or out of the water;
- Slips or falls due to uneven, slippery or irregular surfaces, including on the pool deck, in the dressing rooms or other facilities or rooms at an aquatic venue and at any physical facility in and around open water venues;
- Failure to properly use a piece of swimming-related equipment or the mechanical failure of any piece of equipment;
- Concussions or aggravated related symptoms;
- Spinal cord injuries which may result in permanent paralysis;
- Travel only when it is an integral part of the Organization’s Activity;
- Infectious source such as COVID-19, as defined by the relevant municipal, provincial or federal health authorities;
- Extreme weather conditions which may result in heatstroke, sunstroke or lightning strikes: and
- Unforeseen events.

I am aware and acknowledge that:

- an injury or Health-related problem sustained can be severe and even fatal;
- the risk of injury or Health-related problem increases with fatigue and age; and
- the risk if injury or Health-related problem is reduced if the rules established for participation are followed.

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www.mastersswimmingontario.ca MSOReg@mastersswimmingontario.ca

I understand that I am hereby advised and solely responsible to seek medical or other competent healthcare advice with respect to my health and state of physical wellbeing with respect to the risks involved in participating in competitive and non-competitive swimming and the Organization's sanctioned Programs. I confirm that I have not been advised by a medical doctor that my condition prevents me from participating in the Organization's activities.

In the case of an injury or Health-related Problem, I authorize the Organization to obtain reasonably necessary on-site medical assistance, as determined in the absolute discretion of the Organization, for the medical situation, including transportation by ambulance or by other means to a hospital.

I am aware of the risks, hazards, and dangers, associated with participation in competitive and non-competitive swimming programs and Organization sanctioned Programs, and I freely and voluntarily agree to assume any and all such risks.

Release of Liability

In consideration of the Organization allowing me to participate, I agree:

- a) To assume all risks arising out of, associated with or related to my participation;
- b) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Acknowledgement

- ☐ I hereby acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives. If this Agreement is signed electronically, I acknowledge and recognize that the electronic signature constitutes my official signature and that I am the person who completed this Agreement.

Name of Participant (Please Print)

Signature of Participant

Date

Personal Information Protection & Electronic Documents Act

SWIMMER REGISTRATION CONSENT FORM

Registrant Name

Club Name (if
applicable)

Please Read Carefully; complete and sign this form.

The Canadian Personal Information Protection & Electronic Documents Act (and equivalent provincial legislation) governs the collection and use of all personal information.

The personal information you provide through this registration will be used for the purposes reasonably associated with the swimming activities conducted by the club named above (the “club”) and, as the case may be, *Canadian Independent Masters Swimming (CIMS)*, *Masters Swimming Manitoba (MSM)* or *Masters Swimming Ontario (MSO)* (the “Organization”). These purposes include event registration, insurance coverage, training, competition participation and competition result publication.

The information you provide is for purposes including registration, insurance coverage and:

- a) Ensuring swimmers compete in the appropriate age group;
- b) Reporting non-identifying, demographic and participation statistics for club and planning and policy purposes;
- c) Reporting and publishing athletes’ name, gender, age, club affiliation on the Organization’s website or in results, news releases and ranking reports and;
- d) Making direct contact with the registrant as necessary for the operations of the Organization and its affiliated clubs.

The Organization does not release personal information to unaffiliated third parties.

Should a registrant wish to review their personal information held by the Club or the Organization, they must make a request to the respective organization. Further, registrants may withdraw consent to use their personal information. Such a withdrawal however, may require the cancellation of registration with and suspension of activities with the Club and/or the Organization. All registrants must sign a copy of this form each season.

☐ **I hereby consent to the collection and use of personal information as described above.**

Signature of Registrant

Date