

**Masters Swimming Association of B.C.
RELEASE AND INDEMNITY**

APPLICANT LAST NAME	FIRST NAME	INITIAL(S)	INITIAL - CLUB OFFICIAL
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As a condition of my participation in events sponsored or sanctioned by **The Masters Swimming Association of B.C. ("MSABC")** I, THE ABOVE NAMED:

- 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:

PLACE

20			
YEAR [YYYY]	MONTH [MM]	DAY [DD]	

*If you are **18 years old**, you must have your parent or guardian sign, as well.

(SIGNATURE OF MEMBER or PARENT/GUARDIAN)

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

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

LAST NAME:	FEMALE	F
	MALE	M
GIVEN NAME:		
	DATE OF BIRTH: YYYY / MM / DD	
STREET ADDRESS:	CITY	POSTAL CODE
	PHONE NUMBER:	
EMAIL ADDRESS:		

PLEASE REGISTER ME WITH: MASTERS SWIMMING ASSOCIATION OF B.C.
***PLEASE MAKE CHEQUES PAYABLE TO "OMSC" or "Okanagan Masters Swim Club"