
LAST NAME (PLEASE PRINT)

FIRST NAME

INITIAL

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 for 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)

PLEASE FILL OUT THE APPLICATION FORM COMPLETELY AND CLEARLY

**APPLICATION FORM FOR MASTERS SWIMMING ASSOCIATION OF
BRITISH COLUMBIA**

Last Name: _____

Given Name: _____ **Initial:** _____

Address: _____

City: _____ **Postal Code:** _____

Area Code: _____ **Phone Number:** _____

Email _____

Sex: M _____ F _____

Date of Birth: _____ / _____ / _____
DAY MONTH YEAR