

Athlete Assumption of Risk Agreement

I _____ (for participants under 18) being the parent/legal guardian of _____ herein called “my child”, do **hereby agree and acknowledge:**

1. That I am aware of the inherent risks associated to any water sports and synchronized swimming and the presence of any unforeseeable risks and hazards, I assume full responsibility on behalf of myself/my child and that, accordingly, my own/my child’s participation in synchro activities shall be done entirely at my/their own risk.
2. That all those associated with the sport of synchronized swimming including other participants, coaches, administrators, volunteers, governing bodies by association and their families and heirs are not responsible and shall not be held liable should any unforeseeable risk or hazard occur.
3. That synchro activities and programs include, but are not limited to: travel by various modes, sightseeing, shopping, and visiting local attractions at out of town meets, in addition to performances at sanctioned competitions and practices leading to these competitions.
4. That I have read and do understand this assumption of risk agreement. I willingly assume responsibility for the risks associated and stated herein.

Signature of Swimmer _____

Signature of Parent or guardian (if under 18) _____

Signature of Witness _____

Date _____

Saskatchewan Health Services Number: _____

Allergies/Medical Conditions: _____

In regard to medical conditions, please indicate:

1. Has the swimmer suffered from dizziness, seizures, heart attack, stroke within the last year?

Yes _____ No _____

2. Is the swimmer under medical supervision for this condition?

Yes _____ No _____

3. Could the swimmers' medical condition restrict participation in any activities associated with synchronized swimming?

Yes ____ No ____

Waiver

I give permission to my child _____ to participate in club approved meets and activities during the 2005 – 2006 season. I give permission for the club to seek medical attention, should it be required, in connection with any sanctioned event(s) or activities associated with synchronized swimming.

Date _____ Signature _____

Name: please print _____

Relation to the swimmer _____