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

_____	_____	_____		
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 fro 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)