

ATHLETE WAIVERS

NAME OF SWIMMER

Last Name

First Name

CLUB NAME & CATEGORY

PUBLICITY WAIVER

The undersigned hereby acknowledges and consents to the fact that the **2019 Canadian Qualifier** event may be televised/streamed either in whole or in part for showing on a world-wide basis. The undersigned athlete hereby consents to the use of his or her performances, name, biography and likeness on or in connection with any television or radio program, video/DVD, web streaming, web archiving, print media or the advertising and publicizing of such program as may be designated by Canada Artistic Swimming and waives all rights to remuneration or otherwise in connection with the above.

The foregoing is subject to assurance that the eligible status of the athlete will be fully protected by Canada Artistic Swimming.

LIABILITY WAIVER

The undersigned understands, acknowledges and agrees that Canada Artistic Swimming shall not be liable for injury or loss occasioned by the athlete while travelling to or from or during the **2019 Canadian Qualifier** event nor shall Canada Artistic Swimming be responsible for any damages or losses caused by the athlete during the same time. The undersigned athlete and/or athlete's parent(s)/legal guardian agrees to indemnify Canada Artistic Swimming and hold it harmless from any claims or demands in respect of such loss or damage.

CALCULATION OF RESULTS WAIVER

The undersigned understands, acknowledges and agrees that there is a possibility of human error in the calculation and posting of results. Canada Artistic Swimming will make every effort to ensure results are accurate including announcing corrections when they are required and in accordance with Canada Artistic Swimming rules.

I, the undersigned, hereby certify that I have received this copy of the above Canada Artistic Swimming Waivers and that I have fully read and understood and agree to such Canada Artistic Swimming Waivers.

To be signed by athlete and parent/guardian if athlete is under the age of consent.

ATHLETE SIGNATURE

Signature

Date

PARENT/GUARDIAN SIGNATURE

Signature

Date

WITNESS SIGNATURE

Signature

Date

MEDICAL RELEASE FORM

NAME OF SWIMMER

Last Name

First Name

CLUB NAME & CATEGORY

I, _____ (the undersigned individual) admit knowingly and willingly that I have voluntarily enrolled in the **2019 Canadian Qualifier** event that includes, but is not limited to, all in-pool and out-of-pool activities as described in the official event announcements. I am in good health, without injury or illness, and have not been told by any doctor that I may not participate in any physical activity.

In consideration of my entry and of my own free will, I do hereby for myself and my heirs, executors, and administrators, waive, release, and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever (including personal injury to me or my wrongful death) against Canada Artistic Swimming and its instructors, volunteers, employees, agents and any other persons involved in the event, that may arise from my participation in the event or while traveling to and from the event, even if caused in whole or in part by the negligence or other fault of the aforementioned parties or persons. I am aware of and fully understand the inherent and significant risks associated with my participation in the event. I fully understand that I may injure myself as a result of my participation in the events and hereby release Canada Artistic Swimming and its instructors, volunteers, employees, agents and any other persons involved in the events from any liability, now or in the future, including but not limited to all physical, mental or emotional illnesses or injuries, however caused, occurring during or after my participation in the event. I agree that all my participation in the event, as well as travel to and from the event shall be at my own risk.

I acknowledge my obligation to immediately inform the nearest employee or others of Canada Artistic Swimming if I feel any pain, discomfort, fatigue or other symptoms that I may suffer during and immediately after my participation in the event. I understand I may stop participation at any time, and I may be requested to stop by an employee or others of Canada Artistic Swimming who observes any symptoms of distress or abnormal response.

I fully understand that I am forever giving up, in advance, any right to sue or make claims against the parties that I am releasing, if I suffer any injuries or damages, even though I do not know what or how extensive those injuries and damages might be and am voluntarily assuming the risk of such injuries or damages.

I have fully read, understood and agree to this waiver form.

To be signed by athlete and parent/guardian if athlete is under the age of consent.

ATHLETE SIGNATURE

Signature

Date

PARENT/GUARDIAN SIGNATURE

Signature

Date

WITNESS SIGNATURE

Signature

Date