RELEASE, INDEMNIFICATION AND CONSENT

(for swimmers under age)

In consideration of the Sea Stars Artistic Swimming Club accepting the enrolment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Artistic swimming program of the club. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby for myself, my heirs, executors, administrators and assigns agree and do hereby release, indemnify and save harmless the Sea Stars Artistic Swimming Club, their servants, agents, sponsors, volunteers or employees from any and all claims or demands whatsoever made against the St John’s Sea Stars artistic Swimming Club, its servants, agents, sponsors, volunteers or employees arising from or in consequence of the a- forenamed participation with the St. John’s Sea Stars artistic Swimming Club notwithstanding that any such claims or demands may arise out of the negligence of the St John’s Sea Stars artistic Swimming Club, its servants, agents, sponsors, volunteers or employees.

In further consideration of the St John’s Sea Stars artistic Swimming Club, accepting the enrolment of the aforenamed, I do hereby provide my consent for the participant’s travel with the St. John’s Sea Stars artistic Swimming Club to those meets and events organized by or for the participation of the St John’s Sea Stars artistic Swimming Club as may arise from time to time and throughout the enrolment of the participant and further consent to the said participant’s involvement in all supervised activities that may be included as part thereof.

Dated at the City of St. John’s, in the Province of Newfoundland-Labrador, this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 2020.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent / Guardian Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print Parent / Guardian name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Witness Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print Witness Name)