

# BLUE ARROW SWIM CLUB

INFORMATION      TODAY'S DATE-----

PARTICIPANT'S NAME-----

PARENT'S NAME-----

ADDRESS-----

PHONE-----EMERGENCY PHONE-----

BIRTHDAY-----AGE-----

BILLING ADDRESS-----

SPECIAL INSTRUCTIONS TO BASC PERSONNEL-----

## HOLD HARMLESS AGREEMENT

IN CONSIDERATION FOR MY CHILD/CHILDREN IN THE BASC PROGRAM I,(PRINT NAME)-----

HEREBY AGREE TO IDENTIFY "BASC" ITS AFFILIATES, AGENTS OFFICERS, DIRECTORS AND EMPLOYEES AND TO SAVE THEM HARMLESS AT ALL TIMES FROM AND AGAINST ANY AND ALL LOSSES, DAMAGES, JUDGEMENTS, COSTS, CHARGES, COUNCIL FEES, PAYMENTS, EXPENSES AND OTHER LIABILITY WHICH "BASC" ITS AFFILIATED, AGENTS, OFFICERS, DIRECTORS AND EMPLOYEES, SUSTAIN OR INCUR AT ANY TIME(S) BY REASON OR IN CONSEQUENCE OF CLAIM(S) INCLUDED, BUT NOT LIMITED TO, ANY CLAIM FOR PERSONAL INJURY, WRONGFUL DEATH OR PROPERTY DAMAGE, BY WHOM SO EVER SUCH CLAIMS MAY BE ASSERTED, ARISING OUT OF OR IN COSEQUENCE OF MY-----OR(MY CHILD'S-----

PARTICIPATION IN THE (PROGRAM NAME)-----PROGRAM WHETHER OR NOT ANY CLAIMS FOR, INCLUDING BUT NOT LIMITED TO BE DUE TO ANY NEGLIGENCES ON THE PART OF "BASC" OR ITS AFFILIATES OR ON THE PART OF ITS AGENTS, DIRECTORS, AND EMPLOYEES THEREOF. IT IS FURTHER AGREED THAT IF ANY LITIGATION SHALL BE INSTITUTED ARISING OUT OF OR RELATING TO SUCH CLAIM(S) I SHALL BE RESPONSIBLE THEREFOR ON BEHALF OF "BASC" ITS AFFILIATES, AGENTS OFFICERS, DIRECTORS AND EMPLOYEES, SHALL COOPERATE FULLY IN DEFENCE OF THE SUIT AND SHALL APPEAR AND DEFEND AGAINST THE SAME IF SO REQUESTED BY "BASC". I HAVE READ THE ABOVE AND UNDERSTAND THE COMMITMENT I AM MAKING TO "BASC"

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SIGNATURE OF PARTICIPANT AND/OR PARENT OR GUARDIAN

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PRINT NAME CLEARLY

DATE

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CERTIFICATE OF FITNESS

I ATTEST THAT I-----ON THIS DAY-----

MY CHILD-----

IS PHYSICALLY FIT FOR PARTICIPATION IN PROGRAM ENROLLED-----

I ATTEST THAT I-----MY CHILD'S-----

PHYSICAL CONDITION HAS BEEN VARIFIED BY A LICENSED MEDICAL DOCTOR WITHIN THE LAST SIX MONTHS. I ALSO WILL ASSUME THE RESPONSIBILITY OF INFORMING "BASC" OF ANY CHANGES AFTER THE ABOVE DATE BY WRITTEN MEDICAL NOTE AND WRITTEN MEDICAL APPROVAL FOR CONTINUATION.

I FULLY UNDERSTAND THE TYPE OF TRAINING THAT MY CHILD-----WILL BE PARTICIPATING IN.

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SIGNATURE OF PARTICIPANT AND/OR PARENT OR GUARDIAN

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PRINTED CLEARLY

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MEDICAL DOCTOR TO BE CONTACTED AND VERIFYING-----

ADDRESS-----PHONE-----

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SPECIAL INSTRUCTIONS FOR "BASC" PERSONNEL-----