



WAIVER AND CONSENT FORM AUTHORIZING A PERSON TO PARTICIPATE IN AN OPEN WATER COMPETITION

Name of the competition: **2020 Canadian Open Water Swimming Trials**

To be held on: **April 25-26, 2020 in Governors Beach, Cayman Islands**

Hosted by: **Swimming Canada and Cayman Islands Aquatic Sports Association**

This competition is sanctioned by Swimming Canada.

I understand the purpose of this waiver is to preclude me and others from bringing any claim or legal action arising out of my participation in the 2020 Canadian Open Water Swimming Trials. In consideration of the acceptance of my entry into this event, I, for myself, my heirs, executors and administrators, hereby unconditionally release and forever discharge Swimming Canada, the Cayman Islands Aquatic Sports Association, all sponsors, race directors, lifeguards, volunteers and producers of this event, from all liabilities, actions, claims, demands, damages, costs and expenses, which I may now or in the future have against them in any way arising out of or connected to my participation in the 2020 Canadian Open Water Swimming Trials or any practice or training session associated therewith (collectively, the "Swim Events") or other functions or events.

I acknowledge that participating in open water swimming is a test of physical and mental ability and carries the potential for serious personal injury or death. I confirm that I am aware of the risks and hazards inherent in open water swimming, including but not limited to the potential for hypothermia, exhaustion, cardiovascular problems, drowning and permanent disability. I acknowledge that in entering any Swim Events, I am doing so at my own risk.

I further confirm that to the best of my knowledge, my physical condition and fitness are adequate for me to compete in the Swim Events for which I have submitted an entry, that I have reasonably trained to participate in the Swim Events and that I am unaware of any reason, physical or otherwise, why I should not participate.

I agree to comply with all rules, regulations and event instructions of the Swim Events, and I consent to receive any and all medical treatment which organizers of the Swim Events consider advisable in the event of an illness or injury suffered by me during any swim event.

I acknowledge that I have read and understood the terms of this Waiver and Consent Form. I also agree that the laws of Ontario, Canada shall govern its interpretation and further agree that the courts in Ottawa, in the Province of Ontario, Canada have sole and exclusive jurisdiction over any and all disputes related to the above.



This Waiver and Consent Form may be executed and delivered by means of facsimile transmission or other electronic means and such will be considered to have the same effect as the original.

Swimmer's full name: _____

Date of Birth: _____

Name of coach: _____

Emergency contact: _____

Relationship to swimmer: _____

Emergency Contact Telephone number: _____

Medical Conditions/Allergies/Medical Information relevant to Emergency Treatment:

FOR ADULT SWIMMERS OVER 18 YEARS OF AGE:

Signature _____

Signed this _____ of _____, 2020.

FOR MINOR SWIMMERS UNDER 18 YEARS OF AGE:

I am the parent or legal guardian of the minor named in this waiver. I acknowledge that I have executed this waiver for and on behalf of the minor and I bind myself and the minor in relation to all the matters referred to in this waiver.

Minor's name: _____

Parent or Guardian's name: _____

Signature of Parent or Guardian: _____

Signed this _____ of _____, 2020.

Return to jjay@swimming.ca