



WAIVER AND RELEASE OF LIABILITY for those 18 years and older
(to be signed by Participants 18 years of age and older)

By signing this form you give up important legal rights. Please read carefully!

This is a binding legal agreement. As a Participant in the programs, activities and events of Ontario Artistic Swimming, the undersigned acknowledges and agrees to the following terms.

Disclaimer

Ontario Artistic Swimming, its directors, officers, members, employees, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners or operators of the facility, and representatives (the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks

In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to Artistic Swimming. The risks and hazards of Artistic Swimming include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in Artistic Swimming including boosts and lifts;
- Injuries from dryland training including weights, pilates, running, dance, bands, circus school and massage;
- Injuries from entering the water by either diving or jumping;
- Injuries from spending extended times in chlorinated water including bacterial infections and rashes;
- Injuries from collisions with the pool wall or pool bottom;
- Injuries from extended time underwater;
- Injuries from physical contact with other participants including spotters whose role is to enhance safety and learning;
- Injuries from strenuous cardiovascular workouts;
- Injuries from exerting and stretching various muscle groups; and
- Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in Artistic Swimming can be severe;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected touching;
- That I may experience anxiety while challenging myself during the activities;
- That my risk of injury is reduced if I follow all rules adopted during training; and
- That my risk of injury increases as I become fatigued.

Release of Liability

In consideration of the Organization allowing me to participate, I agree:

- a) To assume all risks arising out of, associated with or related to my participation;
- b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

**IF NOT SUBMITTING AN ELECTRONIC ACCEPTANCE FORM,
PLEASE SIGN THE ATTACHED ACKNOWLEDGEMENT
AND RETURN IT TO YOUR CLUB OR TO OAS AS APPROPRIATE**

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ACKNOWLEDGEMENT

I acknowledge that I have read the Ontario Artistic Swimming Waiver and Release of Liability for those 18 years and older (the Agreement), that I have executed this Agreement voluntarily, and that this Agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Name of Participant

Date

Club

Signature of Participant

Signature of Witness

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____, give permission to the officials, coaches, club representatives and administrators of Ontario Artistic Swimming to make decisions concerning my medical care and treatment and, where necessary, to authorize such care and treatment in emergency situations.

I understand that the officials, coaches, club representatives and administrators of Ontario Artistic Swimming will make every reasonable effort, in the circumstances, to contact the emergency person designated to my home club or, in the case of an Ontario Artistic Swimming specific program, the emergency contact I provided to Ontario Artistic Swimming. In the event they cannot be reached, I hereby give my permission to the medical doctor, nurse practitioner or other licensed healthcare professional whose services might be required to provide medical treatment and care.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for myself and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the officials, coaches, club representatives and administrators of Ontario Artistic Swimming.

Signature of Participant

Date

Club