

Membership:
 With current MSO#: \$10
 Without MSO#: \$50

Bring this registration form
 & CASH ONLY, in an envelope, to
 your first swim each year.

First Name:		Last Name:	
Current Masters Swimming (MSO) Registration# (if any):			
Birth date: (YYYY/MM/DD)			
Full Address:			
City/Town:		Province:	Country:
Postal code:		Telephone: ()	
Email Address:			
Emergency Contact Name & Relation:			
Emergency Contact Phone Number:			
I have the following health/mental conditions, which need to be brought to the attention of the group leaders of these events: <hr/> <hr/> <hr/>			

Rogue Swims Waiver

ASSUMPTION & ACKNOWLEDGEMENT OF RISK

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!

I UNDERSTAND AND AGREE, ON BEHALF OF MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY PARTICIPATION IN THIS EVENT AND SIGNATURE ON THIS DOCUMENT MEANS THAT:

1. I know that there are significant risks, including the risk of serious injury or death, associated with open water swimming generally in particular.
2. I ACKNOWLEDGE AND ACCEPT THESE RISKS AND ALL OTHER RISKS ASSOCIATED WITH PARTICIPATION in these programs even if arising from negligence or gross negligence, including any worsening of injuries caused by negligent first aid operations or procedures, of the event organizer, the event venue and any and all persons associated therewith or participating therein.
3. I understand that I am SOLELY RESPONSIBLE FOR MY PERSONAL SAFETY DURING THESE EVENTS. I have listed, in page 1 of this waiver, concerns I have with regard to my health/mental conditions, which need to be brought to the attention of the group leader of these events. I will immediately remove myself from participation in any event when/if I feel my personal safety is at risk and/or if I feel that I have experienced any deterioration in my physical, emotional or mental condition which might render me unfit for continued participation in an event. When/if leaving an event, I will check in with Kelvin Landolt, Ayesha Rollinson or the assigned group leader. I will notify Kelvin Landolt, Ayesha Rollinson or the assigned group leader if at any time I sense or observe any hazard or unsafe condition for myself or other participants.
4. I give a FULL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have or may have in the future against SWIMCANADA/SWIM ONTARIO, MASTERS SWIMMING ONTARIO/CANADA, KELVIN LANDOLT, AYESHA ROLLINSON ROGUE SWIMS - its directors, officers, employees, guides, and representatives, advertisers, other participants, sponsors, the venue at which the program is held and its directors, officers, employees, guides and representatives (collectively called the "Releasees"), from all liability for any loss, damage, injury or expense that I may suffer as a result of my use of, or my presence at the swimming facilities, due to any cause whatsoever, INCLUDING NEGLIGENCE AND GROSS NEGLIGENCE, INCLUDING ANY COMPOUNDING OR AGGRAVATION OF INJURIES CAUSED BY NEGLIGENT FIRST AID OPERATIONS OR PROCEDURES OF THE PROGRAM ORGANIZER, THE PROGRAM VENUE AND ANY PERSONS ASSOCIATED THEREWITH OR PARTICIPATING THEREIN; BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT OR ANY OTHER RELEVANT STATUTES, on the part of the Releasees.
5. I AGREE NOT TO SUE the Releasees for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from my participation in these events.
6. I AGREE TO INDEMNIFY, and to SAVE AND HOLD HARMLESS the Releasees, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or gross negligence of the Releasees or otherwise.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM GIVING UP CERTAIN SUBSTANTIAL LEGAL RIGHTS INCLUDING THE RIGHT TO SUE. I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

Witness - Name

Signature of Participant

Date