

**LETHBRIDGE SYNCHROBELLES SYNCHRONIZED SWIMMING  
LETHBRIDGE, ALBERTA**



**Consent and Release (Swimmer over 18 years) for a Guest**

Please print legibly.

I, the undersigned, hereby acknowledge that participation in the synchronized swimming practice initiated, conducted or organized by Lethbridge Synchronelles Synchronized Swimming Club (LSSC) might result in my personal injury, property damage or loss and possibly death. I fully understand these risks and hereby agree to participate voluntarily in said practice and at my own risk.

In consideration of LSSC accepting my entry into the synchronized swimming practice initiated, conducted or organized by LSSC, I and my heirs, executors, administrators and assigns hereby release, save harmless and agree not to hold LSSC, its directors, officers, servants, agents, sponsors, volunteers or employees responsible for my personal injury, property damage or loss, death or any other claims or demands whatsoever resulting from or arising in connection with my participation in said synchronized swimming practice notwithstanding that any such claim or demand may arise out of the negligence of LSSC, its directors, officers, servants, agents, sponsors, volunteers or employees.

I have carefully read this Consent and Release, fully understand it and am freely and voluntarily executing it.

Dated at the City of Lethbridge, in the Province of Alberta, this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 201\_\_.

Name of Swimmer: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

**Contact Information:**

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Lethbridge Synchronelles Synchronized Swimming Club?

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