



Ravensong Waterdancers

Synchronized Swimming Club

Waiver of Liability

'See It, Try It' and 'Bring A Friend' Events

In consideration of Ravensong Waterdancers accepting my child _____ (print name) in this event as well as all activities in connection with the event, I hereby release and forever discharge Ravensong Waterdancers, its Directors, Officers, Agents, Servants or Employees and its or their successors, heirs and assigns (the "Releasee's") of and from any claim, demand, damage, action or causes of every nature or kind howsoever caused arising out of, attributable to or in any way connect to (or occasioned by) the event, including , without limitation, the negligence of the agents, employees and instructors working with/for Ravensong Waterdancers.

I agree to inform the staff of Ravensong Waterdancers of any medical/mental considerations to my child's participation in the event. (Non-disclosure amounts to a representation that there are no concerns.) I agree to abide by the rules and regulations imposed on participants by Ravensong Waterdancers and its staff. These rules and regulations are designed for the safety and protection of all participants. I have read the above and fully understand the terms of this waiver and my subsequent commitment.

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|--|-------------------------------------|
| Participant Name: | Birthdate: |
| Preferred Class Time for Upcoming Session: (we will do our best to accommodate everyone but it will ultimately depend on numbers and skill levels registered) | 5:30 - 6:30 6:30 - 7:30 |

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| Medical Information (describe any physical limitations, severe allergies, medical conditions or medications required) If required at the time by Federal Health order, participants must show proof of vaccination before being allowed to participate under the CAS banner. |
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|-----------------|--------------------------|
| Address: | City/Postal Code: |
| Email: | Telephone: |

Name of Participant or Parent Guardian (please print): _____

Signature: _____ Date: _____

Relationship to participant: _____

Witness Name (Verify vaccine passports if needed): _____

Witness Signature: _____