

LIFESAVING SPORT CANADIAN ATHLETE REGISTRATION FORM

First name						Last name			
Street address									
City						Province		Postal code	
Phone	Phone type	,	Date of birth (YY N	MM DD)	Ger	nder identity		nguage Preference N or FR)	
	• •		`					•	
Email Club / Affiliate name									
To register as an athlete, the follo	owing inree a d	ocum	ents must be submitte	<u>a</u> with thi	s app	lication:			
wishing to be cor Canadian Passpo 2. Current (within 24 months)	anadian or Plasidered for thort. Lifesaving Street Bronze Me	ne Na locie f edalli	ational Team must pr ty award on, Bronze Cross, N	ovide pro ational Li	oof via	on that includes, name a a a birth certificate, perm ard (any option), or Distir e proof.	nanen	t resident card, or	
DECLARATION: I declare that the	information o	n thi	s application is true.						
Note: Athletes who have not reach legal guardian.	ed age of ma	ajority	y in the province of the	neir perm	anen	t residence must have t	he ap	plication signed by a parent or	
Athlete name	Signature				Date (YY MM DD)	Sig	ned at (City & Province)		
Parent/Guardian name (if athlete is a minor) Signature		Sig	Signature		Date (YY MM DD) Signed at (City & Province)		ned at (City & Province)		
			OFFICE U	SE ONI	Υ				
			0111020	OL OILL	•				
Type of birthdate proof			Agency issuing certificate					Confirmed by	
Lifesaving Award			Date certified		Certif	fying P/T Branch		Confirmed by	
		Sig	ned by					,	
Waiver & Release date received		☐ Athlete ☐ Parent / Guardian Confirmed by				Confirmed by			

Mail, fax or email to:



CANADIAN LIFESAVING AND EMERGENCY RESPONSE CHAMPIONSHIPS

Waiver & Release Form

Please read carefully before signing

1. Conduct

I agree to abide by the rules, regulations and code of conduct of the championship, and further to behave in a manner consistent with ideals of good sportsmanship.

2. Voluntary Assumption of Risk

As a competitor in a lifesaving sport competition, I recognize that there are certain risks inherent in the activity as a result of factors including but not limited to, stress, number of people, water temperature and conditions. I have prepared myself for the competition and know of no factor or condition which should be disclosed to the organizers or which would make it unsafe for me to compete. I voluntarily assume all risks, both physical and legal including but not restricted to, loss of or damage to property, and personal injury including permanent disability or death.

3. Waiver of Liability

As a condition of entry and in consideration of my application as an individual or as a part of a team being accepted, I hereby waive my right to make any claim in perpetuity, whether for negligence or otherwise against the Lifesaving Society, the host, the facility operator, owner or occupier, the sponsors, the organizing committee or any of the servants, agents, affiliates, volunteers, judges, officials or other persons involved in the organization or running of the competition, events or associated activities. I further agree to indemnify and hold harmless all of the above, from any claim made on my behalf or as a result of injury to my person or property. I recognize that competitors are responsible for their own medical coverage.

4. Model Release

I transfer to the Lifesaving Society all rights whatsoever which I have in photographs and/or videos which photographers may have taken. I consent to the use of the photographs/videos, the publishing of my name for all purposes whatsoever, including without limitation, television, publications, and any trade or advertising purposes.

I have carefully read and understood the four conditions of entry and in consideration for being allowed to compete, I have executed them voluntarily intending to be bound thereby and intending these conditions to be binding of my heirs, personal representatives and assigns.

Print Name	Signature	Date (YY-MM-DD)
Athlete		
Parent or Guardian (if athlete is under 18 years of age)		
Witness		