

Swimmer's Name \_\_\_\_\_

**Clarington Swim Club**  
**Risk Waiver**

**Medical Information:**

Health Card Number \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Please Note Any Health Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Warning:** There is a potential risk for injury involved in training and participating in swimming. The Clarington Swim Club has tried to create a safe and controlled environment for safe participation. Coaches and officials have established rules for participation and conduct on and about the pool that should be followed.

I, \_\_\_\_\_ (Parent/Guardian if swimmer is under 18) have read and understood the above warning, and accept the risks inherent in this sport and activity.

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

Date: \_\_\_\_\_

**Clarington Swim Club**  
**Photo and Publication Waiver**

I hereby grant permission to the Clarington Swim Club and its officers the irrevocable right to use my child's name, picture, image, portrait, or photograph in all forms and media, including composite, for advertising, publication or any other lawful purpose. I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

I acknowledge and represent that I, as Parent/Guardian with legal responsibility for this participant, have read this document, understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of my child.

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

Date: \_\_\_\_\_