



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT (FOR THOSE 18 YEARS OF AGE AND OLDER)

WARNING!

By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.

This is a binding legal agreement. As a Participant in the programs, activities and events of Synchro Alberta, the undersigned acknowledges and agrees to the following terms:

Disclaimer

1. Synchro Alberta, its directors, officers, committee members, members, employees, coaches, volunteers, officials, judges, participants, agents, owner's/operator's of facilities, and representatives (collectively the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks

2. In consideration of my participation in the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such programs activities and events. The risks and hazards include, but are not limited to, injuries from:
 - a) Executing strenuous and demanding physical techniques including boosts and lifts;
 - b) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
 - c) Exerting and stretching various muscle groups;
 - d) Entering the water by either diving or jumping;
 - e) Extended time underwater;
 - f) Spending extended times in chlorinated water including bacterial infections and rashes;
 - g) Dry land training including weights, pilates, running, dance, bands, circus school and massage;
 - h) Falling or colliding with the pool, pool bottom, walls, stands, equipment or with other participants;
 - i) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - j) Contact, colliding, falling or being struck by other participants, spectators or equipment;
 - k) Spinal cord injuries which may render me permanently paralyzed;;
 - l) Travel to and from competitive events and associated non--competitive events which are an integral part of Synchro Alberta's activities.
3. Furthermore, I am aware:
 - a) That injuries sustained can be severe;;
 - b) That I may experience anxiety while challenging myself during the activities, events and programs;;
 - c) That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;;
 - d) That my risk of injury is reduced if I follow all rules established for participation;; and
 - e) That my risk of injury increases as I become fatigued.

Release of Liability

4. In consideration of the Organization allowing me to participate, I agree:
 - a) That my physical condition has been verified by a medical doctor within the past twelve months;
 - b) To assume all risks arising out of, associated with or related to my participation;;
 - c) To be solely responsible for any injury, loss or damage that I might sustain while participating;; and
 - d) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____, give permission to the officials and coaches of Synchro Alberta to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations.

I understand that the officials and coaches of Synchro Alberta will make every reasonable effort, in the circumstances, to contact _____ at _____ regarding my medical status in the event an emergency arises. In the event that _____ cannot be reached in an emergency I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional whose services might be required to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for myself and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the officials and coaches of Synchro Alberta.

Acknowledgement

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Name of Participant (Please Print)

Signature of Participant

Date

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