

Santa Clara Aquamaids Synchronized Swimming
George Haines International Swim Center, Santa Clara, CA

Contact Information and Liability Release

Child's Name _____

Child's Date of Birth _____

Parent's Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email Address _____

How did you hear about the program? _____

The undersigned, in consideration of participation in this program, agrees to indemnify and hold harmless the Santa Clara Aquamaids Synchronized Swimming Club, Inc. and the City of Santa Clara, their contractors, directors, employees and volunteers and release the above from any and all liability for any injury which may be suffered by the named individual(s) participating in this program, arising out of, or in any way connected with participation in this program. I have read the above agreement, and fully understand that I assume all risks for any injuries received.

Parent's Signature

Date