

# Blaine Lake Community Association Incorporated

Box 313

Blaine Lake, Saskatchewan

S0J 0J0

Ph: (306)497-2222 Fax: (306)497-2511 Email: [blca@sasktel.net](mailto:blca@sasktel.net)

## SWIMMING LESSON WAIVER/REGISTRATION

Please fill out ALL info as we require it for Child Tax Receipts

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: (mdy)          (required)

Emergency Contact: \_\_\_\_\_ Red Cross Level:         

BLCA Member: \$45 Non-BLCA Member: \$55

PAID: \$ \_\_\_\_\_ CHEQUE # \_\_\_\_\_ CASH \_\_\_\_\_

***DEADLINE TO REGISTER IS FRIDAY JULY 14, 2017!! PRE-REGISTRATION ONLY***

I have requested Blaine Lake Community Association to allow me to participate in swimming lessons. I do so voluntarily for personal pleasure and enjoyment and not for business purposes.

I am aware of the inherent risk and dangers of swimming lessons in the lake and am prepared to assume that risk; and

In consideration of participation in the swimming lessons, I waive any claims, cause of action, demand, suit, sum of money, loss, damage and proceeding of any nature whatsoever, whether in law, equity or contract, tort or otherwise, that I any have against Blaine Lake Community Association, its employees and volunteers: and

I fully understand the content and effect of the Waiver and that I release the Blaine Lake Community Association and all other organizers, employees, and other person assisting with event from any claims for damages or injury suffered by me as a result of my participation in these swimming lessons.

In the event that the participant is under the age of 18, I verify that I am the guardian of such minor and sign this waiver on their behalf.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

