

ST. JOSEPH RIVER YACHT CLUB
SUMMER Morning Masters SWIM

NAME _____ SEX M F

BIRTHDATE _____

ADDRESS _____

TELEPHONE HOME _____ WORK _____

ALLERGIES/MEDICAL CONCERNS _____

Emergency Contact / Phone _____

SJRYC WAIVER AND RELEASE OF LIABILITY

In consideration of my participation in the SJRYC Summer Morning Masters Swim the undersigned:

1. States that I am physically fit.
2. Hereby waives any and all rights to claims for "loss" or "damages" arising out of any related SJRYC Masters Swim activities, and release the SJRYC, their administrators, boards of directors, committees and individuals supervising activities from all liability related to my participation.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND ITS MEANING AND VOLUNTARILY SIGN IT.

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Member Name DATE

Masters Swim is scheduled Monday through Friday. from 6 to 8 a.m. during the regular SJRYC pool season.

Masters Swim is \$70 per member for the 2009 season, open to the first 20 paid members.

_____ Member EMAIL