



## Event Entry Form

Participant's Full Name	Date of Birth	Age (As at 1/1/2016)
Identification Card/ Passport No.	Gender	Event No.
Under Medication: Yes / No  Please State:	Address	Best Swim Time (200m/300m/400m)
Guardian's Name	Relationship	Contact No.
Club Name	Team Manager	Contact No.

I by the name \_\_\_\_\_ have carefully read this form / rules & regulations / fees and payment from D Swim Academy Sdn Bhd (750654-V) and have fully understood its content and agreed to follow and abide by all rules, terms and conditions during and after the event. I, for myself and or on behalf of the child mentioned hereby agree to release, indemnify and hold harmless to the maker of any exercises, the companies involved and the staffs / committee members from any and all claims, demands, losses and liabilities arising out of or related to any injuries, disabilities, losses or death suffered by myself or the child mentioned as a result of failure to follow the instructions during and after the event. I recognize they are for my own or the child mentioned safety and well-being and that failure to adhere can place me and the child mentioned in jeopardy during or after the event. I have read this release of liabilities and assumption of risk agreement and sign it on my own free will or on behalf of the child mentioned.

_____ PARTICIPANT'S SIGNATURE	_____ GUARDIAN'S SIGNATURE	_____ DATE
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**\*\*Kindly submit the form before 18<sup>th</sup> September 2016 @ 6:00pm.**

Office use only				
Payment amount	Received by	Received date	System entry by	System entry date