









Event Entry Form

Please State: 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								
Under Medication: Yes / No Please State: Guardian's Name Relationship Contact No. Club Name Team Manager Contact No. Less 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 **Kindly submit the form before 18th September 2016 @ 6:00pm. Office use only	Participant's Full Name		Date of Birth			Age (As at 1/1/2016)		
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Office use only	PARTICIPANT'S SIGNATURE		GUARDIAN'S SIGNATURE			DATE		
	**Kindly submit the f	orm before 18	th September 20	16 @ 6:00	pm.			
Payment amount Received by Received date System entry by System entry date	Office use only							
	Payment amount	Received b	Receive	ed date	Syster	m entry by	System entry date	

