



TEACHING  
MORE THAN JUST

Swimming



AUSTRALIAN  
Swim  
SCHOOLS ASSOCIATION  
MEMBER



**D Swim Academy Sdn Bhd**

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### Medical & Liability Release Form

I, \_\_\_\_\_ desire to participate in the 2019 Asia Pac Super Splash Swimming Competition and/or Swim Camp, to be held at HBF Stadium at Mt Claremont, Perth in Western Australia, and I fully understand the dangers, hazards, and risks inherent in the trip.

Knowing the dangers, hazards, and risks and in consideration of being permitted to participate, on behalf of myself, my family, heirs and personal representative(s), I, the undersigned, agree to assume all the risks and responsibilities surrounding my participation in the trip and activities, the transportation to and from, and in any independent research or activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant not to sue the institution, its governing board, officers, agents, employees, and any students acting as employees (hereafter called the Releases), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering or death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releases, or otherwise, while in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I understand and agree that Releases will not have medical personnel available during the trip. I understand and agree that Releases are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releases shall be subject to the terms of this Agreement. I understand and agree that Releases assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed.

<i>Swimmer's Signature</i>	<i>Guardian's Signature</i>
Full Name as per IC:	Full Name as per IC:
IC No.:	IC No.:
Date:	Date