



SARASOTA SHARKS INC

MASTERS SWIMMER ENROLLMENT FORM

Legal Name _____ Male Female

LAST

MIDDLE

FIRST

Address _____

City _____ State _____ Zip Code _____

Tel. # _____ Swimmer Age _____ Date of Birth _____

Email Address _____

Emergency Contact _____ Tel. # _____

INFORMED CONSENT

In consideration of being permitted to utilize the facilities, services and programs of Sarasota Sharks Inc. for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any off site programs affiliated with Sarasota Sharks Inc., the undersigned for himself, herself and any personal representatives, executors and administrators, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE Sarasota Sharks Inc., their directors, officers, employees and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in this program or any other activities.

I HAVE READ THIS RELEASE:

Signature (parent/guardian if child is under 18)

Print Name

Please scan and email to kweyant@sarasotasharks.org or return to the office in the skybox