

**DARREN MEW SPORTS & FITNESS LTD. ("DMSF")**

**CONSENT AND WAIVER FORM**

To be eligible for participation in any programme/session/event organised by DMSF a completed Consent and Waiver Form must be on file and signed by yourself or a parent/guardian if participant is under the age of 18.

Swimmers Name \_\_\_\_\_

Date of Birth (Day/month/year) \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_

Emergency contact number \_\_\_\_\_ Email address \_\_\_\_\_

Does the participant have any significant health problems or allergies? \_\_\_\_\_

If yes please explain \_\_\_\_\_

**DECLARATION AND DISCLAIMER OF LIABILITY, PLEASE READ VERY CAREFULLY!!**

By completing this form, I declare that:

I am/We are completely aware that DMSF **DOES NOT** provide accident insurance for any participant in the programmes offered.

I am physically fit and I have no medical reasons why I should not participate in any DMSF organised programme.

I agree to participate entirely at my own risk and that understand that DMSF is not responsible for my safety.

I/We hereby acknowledge and agree that DMSF does not assume any liability for injuries/death/loss of property sustained by participant in the sessions/events. We hereby fully release DMSF its directors, employees, volunteers and agents from any and all liability related to my participation in the programmes offered.

I/We have read and understand the Rules and Regulations on the website [darrenmew.com](http://darrenmew.com) and are fully aware that failure to abide by these could result in expulsion from all DMSF activities.

This Waiver and Consent shall be interpreted and governed in accordance with the laws of the Cayman Islands.

**PLEASE COMPLETE BELOW IF PARTICIPANT IS UNDER AGE 18**

I give my consent for the above named child to take part in any DMSF organised programme.

Printed Name of Parent or Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Authorised Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_