SARASOTA SHARKS
8501 Potter Park Drive
Sarasota, Florida 34238
941-260-9107
www.sarasotasharks.org

SARASOTA SHARKS MASTERS
VISITING SWIMMER FORM

Name: _____

USMS Membership ID# (if applicable):_____

☐ **Male** ☐ **Female**

Date of Birth: ____ / ____ / _____

Address: _____

City: _____**State:**_____**Zip Code:**_____

Email Address: _____**Phone:**_____

Emergency Contact:_____

Informed Consent and Liability Waiver

By signing below, I acknowledge and agree to the following:

In consideration of being permitted to access and utilize the facilities, programs, and services provided by **Sarasota Sharks, Inc.**, including but not limited to on-site activities, equipment use, or participation in any off-site events affiliated with the Sarasota Sharks, I hereby:

- **Voluntarily assume all risks** associated with my participation in any Sarasota Sharks activity;
- **Waive, release, and discharge** Sarasota Sharks, Inc., including its directors, officers, employees, coaches, volunteers, and agents, from any and all claims, liabilities, demands, or causes of action that may arise from personal injury, illness, property damage, or other loss sustained in connection with my participation;
- **Agree not to sue** or hold liable Sarasota Sharks, Inc. or any of its affiliates for any such injuries or damages.

This release applies to myself, my personal representatives, heirs, executors, administrators, and assigns. I understand that participation in any physical activity carries inherent risks, and I affirm that I am voluntarily participating with full knowledge of those risks.

Name (Printed):_____**Date:**_____

Signature:_____

Developing Champions Since 1961