

USA SYNCHRO
ATHLETE REGISTRATION
WORLD RECORD FLOAT



New Member: West Zone, Pacific Association

Please Print and Bring to Check-In - This form is mandatory

- ➔ Last Name: _____ First Name: _____ M.I.: _____
- ➔ Address _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____
- ➔ E-Mail Address: _____ Date of Birth: _____
- ➔ Gender: Male Female US Citizen: Yes No

World Record Float Attempt Athlete Registration \$15 I am paying by: Check PayPal

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in U.S. Synchronized Swimming ("USA Synchro") events, activities, or programs, I acknowledge and agree that:

1. I understand that I or (if the participant is a minor) my child or ward, will be engaging in travel and activities that involve the risk of serious injury, including permanent disability and death, severe social and economic losses and other loss including damage to property.
2. I knowingly and freely assume all such risks.
3. I, for myself, my minor child or ward, and on behalf of my and their heirs and assigns, release, waive, discharge and covenant not to sue U.S. Synchronized Swimming, Inc., its officers, agents, employees, and sponsors as well as its affiliate clubs, from any and all liability for any and all claims, demands, losses or damages on account of injury, including death and damage to property, whether caused by negligence or otherwise.
4. If the participant is a minor, I consent to the collection of personal information regarding my child or ward through USA Synchro's online Membership Management System, as "personal information" is defined in USA Synchro's On Line Privacy Statement.

Opt-Out of Collection of Personal Information: The parent or guardian has the option to agree to the collection and use of the child's information without consenting to the disclosure of the information to third parties. USA Synchro shall not require a child to disclose more information than is reasonably necessary to participate in an activity as a condition of participation. The parent or guardian can review the child's personal information, ask to have it deleted and refuse to allow any further collection or use of the child's information. USA Synchro will change the contents of any personal information of a child maintained by USA Synchro at the request of the child, parent or guardian. In order to maintain membership for a person, regardless of age, USA Synchro must maintain certain personal information regarding the member. The parent or guardian understands that if s/he requests that such information be deleted from its online Membership Management System, USA Synchro will advise the participant that s/he cannot continue to be a member. You may find our privacy policy and the procedures for opting out under the membership section of www.usasynchro.org.

Emergency Contact Information: *please provide emergency contact info for each member*

Name: _____

Relationship: _____ Phone: (____) _____ - _____

Participant's Signature _____ Date Signed _____

Participant's Name (Print) _____

**If athlete is less than 18 years of age, the parent or legal guardian must also sign.*

This is to certify that, as parent/guardian of this participant; I do consent to his/her waiver and release as set forth above and also agree to assume all such risks and to waive the right to sue the releases.

Parent/Guardian Signature _____ Date Signed _____

Parent/Guardian Name (Print) _____ Relationship _____