

**SHADOW WATER POLO  
- RELEASE FORM -**

Athlete Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
DAY / MONTH / YEAR

Address: \_\_\_\_\_  
NO. STREET  
\_\_\_\_\_  
CITY PROVINCE  
\_\_\_\_\_  
POSTAL CODE

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

**- RELEASE -**

I, \_\_\_\_\_ (athlete's name), my heirs, executors and administrators hereby release Shadow Water Polo Club and its representatives from any and all claims or actions I may have for any injuries I may sustain during the course of being a member of the Shadow Water Polo Club.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Athlete (please print)

\_\_\_\_\_  
Signature of Parent /Guardian (if athlete under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (please print)