



# Shadow Water Polo Club - RELEASE FORM -

<b>Athlete:</b> _____ First name and initials _____ Last name _____
<b>Address:</b> _____ Apt./No. _____ Street _____ P.O. Box or R.R. No. _____
_____ City _____ Province/Territory _____ Postal Code _____
Date of Birth (YYYY-MM-DD): _____
Phone: Home _____ Cell _____ Athlete's Email: _____

## - RELEASE -

I, \_\_\_\_\_, my heirs, executors and administrators hereby release Shadow  
(athlete's name)

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
_____ Name of Parent/Guardian (please print)	