



2010 ASA INDIVIDUAL MEMBERSHIP APPLICATION

Please Type or Print Clearly

Today's Date: / /

First Name		Middle Initial	Last Name	
Mailing Address			Home Phone ()	
City	State / Province		Work Phone ()	
Country	Postal Code		Mobile Phone ()	
Birthdate Month	Day	Year	Age	Minor: y / n
			Circle One: Gender M F	
Email				
Team			(if paying by check) Driver's Licence #:	

COMPETITORS UNDER THE AGE OF 18 MUST HAVE THE "WAIVER AND RELEASE OF LIABILITY" SIGNED BY A PARENT OR LEGAL GUARDIAN.

**WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the American Swimming Association, LLC swimming program, related events and activities, I, _____, the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this particular program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my Heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Swimming Association, LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

ALL FEES ARE NON-REFUNDABLE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Swimmer _____ Age: _____ Date Signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by

Parent/Guardian Signature: _____ Phone: _____ Date Signed: _____

2010 ASA Membership Fee: \$20.00

**CONTACT US AT:
512-327-2260**

info@AmericanSwimmingAssociation.com
www.AmericanSwimmingAssociation.com

Make check payable to:
American Swimming Association, LLC (ASA)

Send completed form and check to:
American Swimming Association, L.L.C.
3101 Mistyglenn Circle
Austin, Texas 78746