



POOL LOCATION • Canal Road (Saltus Field), Pembroke | MAILING ADDRESS • Suite 1407, 48 Par-La-Ville, Hamilton HM11
WEB • www.basa.bm | EMAIL • manager@swimmingbermuda.com | PHONE • 441-292-1713

ADULT OPEN SWIMMING

REGISTRATION

Email to manager@swimmingbermuda.com or deliver to BASA Pool during office hours 10-2 Find updates on www.basa.bm

BASA is not part of the Saltus School and our members cannot enter through or park on Saltus grounds. Pool access is from Canal Road only.

NAME: _____ AGE: _____ DOB:(D/M/Y): _____

MAILING ADDRESS: _____

HOME #: _____ WORK #: _____ CELL #: _____

EMAIL : _____ (needed for notifications, notices)

MEDICAL CONDITIONS: _____

EMERGENCY CONTACT/#: _____

OPERATING HOURS: Weekdays Mondays, Wednesdays, Fridays 6am-4pm
Tuesdays and Thursdays, 7:30am-4pm

NOTE: FEES MUST BE PAID AT THE BEGINNING OF EACH MONTH, PRIOR TO ENTERING THE WATER
Please tick the appropriate box for the amount of swims in a calendar month you wish to do:

- | | | | |
|--|--------------------------|---|--------------------------|
| \$40 Per Month for 4 sessions | <input type="checkbox"/> | \$80 Per Month for 8 sessions | <input type="checkbox"/> |
| \$120 Per Month for 12 sessions | <input type="checkbox"/> | \$150 Per Month for unlimited sessions | <input type="checkbox"/> |
| \$750 Annual Membership for unlimited sessions (can join anytime in the calendar year) | | | <input type="checkbox"/> |
| \$20.00 Per Lane rental/Per Hour | <input type="checkbox"/> | \$120 for total pool rental by the hour | <input type="checkbox"/> |

TOTAL PAID: \$ _____ FOR THE PERIOD: _____

METHOD OF PAYMENT: CASH, CHECK, CREDIT CARD, DEBIT CARD, BANK TRANSFER

Bank of Butterfield Reference: MASTERS

Account #20006060025347100

Signature of Applicant

First Date of Participation (D/M/Y)

**Bermuda Amateur Swimming Association
("BASA")**

Open Training and Instructional Program

Deed of Waiver, Release and Discharge

ATTENTION: *Once fully executed this constitutes a legally binding and irrevocable document. Accordingly, please read it carefully and acknowledge that you have read and understand this waiver by initialing each page on the lower right hand corner.*

This DEED of WAIVER, RELEASE and DISCHARGE is made by the undersigned this [] day of [] year [].

NOW THIS DEED WITNESSES AS FOLLOWS:

I, the undersigned, intending to be legally bound, in consideration of BASA's acceptance of my registration in the Program:

I hereby represent and certify that: (i) am over 18 years of age; (ii) I am of sound and competent mental and physical health; (iii) I understand that there are inherent and other risks involved in participation in the Program and activities incident thereto; (iv) I have not been restricted by a doctor for a medical condition; (v) I am physically able to participate in the Program; and, (vi) to the best of my knowledge, I do not suffer from any condition, sickness or disease which would impair my ability to participate in the Program or present a danger to the well-being of any other participant in the Program as a result of my participation.

I hereby irrevocably WAIVE, RELEASE and DISCHARGE BASA, its executives, officers, directors, members, employees, administrators, agents, volunteers, meet directors, officials, the trustees of Saltus Grammar School, independent contractors, sponsors, insurers and other persons authorized by BASA from any and all claims howsoever arising that I or my personal representatives, agents, heirs and dependants may have against BASA, its executives, officers, directors, members, employees, administrators, agents, volunteers, meet directors, officials, independent contractors, sponsors, insurers and other persons authorized by BASA for any injury (personal or otherwise), loss (including but not limited to contingent, collateral or incidental losses), damage, disability or death suffered by me or caused to my personal belongings by reason of any act, omission, default, willful misfeasance or negligence whatsoever by BASA, its executives, officers, directors, members, employees, administrators, agents, volunteers, meet directors, officials, independent contractors, sponsors, insurers and other persons authorized by BASA.

I hereby irrevocably agree to HOLD HARMLESS and INDEMNIFY BASA, its executives, officers, directors, members, employees, administrators, agents, volunteers, meet directors, officials, the Trustees of the Saltus Grammar School, independent contractors, sponsors, insurers and other persons authorized by BASA for any injury (personal or otherwise), loss (including but not limited to contingent, collateral or incidental losses), damage, disability or death suffered by me or caused to my personal belongings related to my participation in the Program or any activities incident thereto (including but not limited to the acceptance of advice and use of the BASA facilities and equipment).

This Deed may not be amended or varied.

This Deed constitutes the entire agreement between the parties with regard to its subject matter and supersedes any and all previous agreements. Neither of the parties shall seek to re-open or set aside this Deed on the ground that this Deed is void or voidable on the basis that any of the parties in the future has become aware of any mistake of law (including any such mistake arising as a result of a subsequent change in the law, which shall include a settled understanding of the law which is subsequently departed from by judicial decision) or any mistake of fact in any way whatsoever connected with or related to this Agreement.

This Deed is governed by Bermuda law and shall be binding upon and shall inure to the benefit of BASA, its successors and any assigns.

THIS DOCUMENT IS INTENDED TO HAVE LEGAL CONSEQUENCES AND EXCLUDES ANY AND ALL LIABILITY ON THE PART OF BASA, ITS EXECUTIVES, OFFICERS, DIRECTORS, MEMBERS, EMPLOYEES, ADMINISTRATORS, AGENTS, VOLUNTEERS, MEET DIRECTORS, OFFICIALS, INDEPENDENT CONTRACTORS, SPONSORS, INSURERS AND OTHER PERSONS AUTHORIZED BY BASA FOR ANY LOSS OR DAMAGE THAT THE UNDERSIGNED MAY SUFFER AS A CONSEQUENCE OF ANY ACTIONS, OMISSION, DEFAULT OR NEGLIGENCE WHATSOEVER OF BASA, ITS EXECUTIVES, OFFICERS, DIRECTORS, MEMBERS, EMPLOYEES, ADMINISTRATORS, AGENTS, VOLUNTEERS, MEET DIRECTORS, OFFICIALS, INDEPENDENT CONTRACTORS, SPONSORS, INSURERS AND OTHER PERSONS AUTHORIZED BY BASA OR OTHERWISE.

Please Initial _____

Name of Applicant (Please Print)

Signature of Applicant or guardian

Current Date

Dates of Participation