## **KLAC AUTHORIZATION FORM**

1.	As the parent/legal guardian of the swimmer listed above, I have read the KLAC Code of Conduct and understand the Code as it applies to my swimmer.	
SIC	GNATURE:	DATE:
2.	As the parent/legal guardian of the swimmer listed above, I give permission for my child's image and name to be used in all KLAC publications and promotions (website, media, etc.)	
SIG	NATURE:	DATE:
3.	As the parent/legal guardian of the swimmer listed above, I have read Swim Ontario's policy with respect to the Personal Information Protection & Electronic Documents Act (PIPEDA), the referenced link to Swim Ontario website and give permission to KLAC to enter the required personal information the Swim Canada database for the purposes as stated in Swim Ontario's policy.	
SIG	NATURE:	DATE:
FAI	MILY DOCTOR:	
Is tl	nere any medical condition or information w	ve should know about?
the Clui dan whi	undersigned, do hereby release and agree to, and their officers, employees or agents, a nage, to persons and property while particip	ake any action they deem necessary in an emergency. I, to indemnify and save harmless the Kirkland Lake Aquation and every Board thereof, from all claims for loss, injury or pating in or traveling to and from Swim Team activities, my behalf, may at any time have arising out of or
SIG	NATURE OF PARENT/LEGAL GUARDIAN:	
DA <sup>-</sup>	ΓE:	