

ARMS AROUND BAINBRIDGE

Saturday, August 14, 2010

SWIMMER REGISTRATION & LIABILITY WAIVER

Contact Information:

Last Name: _____	First Name: _____	Age: _____	Sex: M__ F__
Street: _____	City: _____	State: _____	Zip: _____
E-mail: _____	Telephone: _____	Cell Phone: _____	
Emergency Contact: _____	Relationship: _____	Phone: _____	

SWIM DISTANCE & SPEED

Participants can request to be part of the official relay team; these are the swimmers who will touch off from one to the other to completely circumnavigate the Island. To be a relay-team swimmer, you must be able to maintain a pace of at least 30 minutes per mile in open water. All other swimmers must be able to average 40 minutes per mile. Acceptance as a relay swimmer is determined in the sole discretion of the swim director. Please indicate below whether you wish to be considered as a relay swimmer. Please indicate what distance you intend to swim if you are not in the relay. For more information about the physical and environmental conditions of this open-water swim, please go to <http://www.armsaroundbainbridge.com>.

Official Relay Swimmer?: Yes ___ No ___

Distance: _____miles

If you wish to be considered for the relay team and have previously participated in an organized open-water event, provide the following information:

Event: _____ Date: _____ Distance: _____ Time: _____

If you want to swim with your friends (either in the water all at once or in a relay format), please list their names below and tell us the total distance your group wants to swim.

(1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

Distance: _____

PRE-SWIM PARTY — Free Admission

Arms Around Bainbridge is holding another party the night before the swim. This year, it's a street party right in town on Madrone Lane (between Blackbird Bakery and BPA) starting at **5:30 pm** on **Friday, August 13**. The first hour will have games and music for children. Then, we'll be entertained again by the **Randy Oxford Band**, so be sure to wear your dancing shoes. Food and drink will be available for purchase. As an open-water swimmer, you're our guest to the party. Admission for all other adults is a \$20 donation per person; children under 18 are admitted free.

Registration	
Pre-Swim Party	\$0
Additional Party Tickets (Qty.)	
Additional Contribution	
TOTAL	

Please make your check out to "Arms Around Bainbridge Association"

We are a 501(c)(3) charitable organization. Contributions are tax-deductible.

Last Name: _____ First Name: _____

ACCIDENT WAIVER AND RELEASE FROM LIABILITY

I UNDERSTAND AND AGREE THAT THIS ATHLETIC EVENT IS AN EXTREME TEST OF MY PHYSICAL AND MENTAL LIMITS AND THERE IS THE POSSIBILITY THAT I MAY SUFFER PROPERTY LOSS, SERIOUS INJURY, OR DEATH. THIS COULD BE CAUSED BY THE TERRAIN; FACILITIES; WATER CONDITIONS INCLUDING BUT NOT LIMITED TO TEMPERATURE, CURRENTS, WAVES, WEATHER, FLOATING OBJECTS, WILDLIFE, BOAT TRAFFIC, POLLUTION, AND POOR VISIBILITY; LACK OF HYDRATION; AND/OR THE CONDITION OF MY EQUIPMENT. PROPERTY LOSS, SERIOUS INJURY, OR DEATH COULD BE CAUSED BY THE ACTIONS OF OTHER PEOPLE INCLUDING BUT NOT LIMITED TO PARTICIPANTS, VOLUNTEERS, SPECTATORS, EVENT OFFICIALS, EVENT PRODUCERS, AND COURSE MONITORS.

I HEREBY FREELY AND VOLUNTARILY ASSUME ALL RISKS OF PARTICIPATING IN THIS EVENT. _____ (INITIAL)

I CERTIFY THAT I AM AT LEAST 18 YEARS OLD, PHYSICALLY FIT, AND HAVE TRAINED AND PREPARED TO PARTICIPATE IN THIS EVENT. I HAVE NOT BEEN ADVISED NOT TO PARTICIPATE BY A QUALIFIED MEDICAL PERSON.

I UNDERSTAND THAT THIS ACCIDENT WAIVER AND RELEASE OF LIABILITY ("AWRL") WILL BE USED BY ARMS AROUND BAINBRIDGE ASSOCIATION AND EVERYONE INVOLVED IN PUTTING ON THE EVENT IN WHICH I AM PARTICIPATING AND THAT IT WILL GOVERN MY ACTIONS AND RESPONSIBILITIES AT THE EVENT.

FOR CONSIDERING MY APPLICATION AND PERMITTING ME TO PARTICIPATE IN THIS EVENT, I AGREE AND IN DOING SO BIND MY EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS TO: (A) IRREVOCABLY AND FOREVER WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL CLAIMS AND LIABILITY FOR MY DEATH, DISABILITY, PERSONAL INJURY, PROPERTY DAMAGE, PROPERTY THEFT OR ACTIONS OF ANY KIND, NATURE OR DESCRIPTION WHICH MAY HAPPEN TO ME WHILE TRAVELING TO OR FROM THE EVENT, OR WHILE PARTICIPATING IN THE EVENT, ARMS AROUND BAINBRIDGE ASSOCIATION, ITS DIRECTORS, EMPLOYEES, AGENTS, VOLUNTEERS, AND OTHER EVENT PARTICIPANTS: (B) INDEMNIFY, DEFEND AND HOLD HARMLESS THE INDIVIDUALS AND ENTITIES MENTIONED IN THIS PARAGRAPH FROM ANY AND ALL LIABILITIES OR CLAIMS MADE BY ANY OTHER INDIVIDUALS OR ENTRIES ASA RESULT OF ANY OF MY ACTIONS DURING THIS EVENT.

I HEREBY CONSENT TO RECEIVE MEDICAL TREATMENT WHICH MAY BE DEEMED ADVISABLE IN THE EVENT OF ACCIDENT, INJURY, AND/OR ILLNESS TO ME DURING THIS EVENT. _____ (INITIAL)

I UNDERSTAND THAT THIS EVENT OR RELATED ACTIVITIES MAY BE FILMED AND I MAY BE PHOTOGRAPHED BEFORE, DURING, OR AFTER THIS EVENT. I AGREE TO ALLOW MY PHOTO, VIDEO OR FILM LIKENESS TO BE USED FOR ANY LEGITIMATE PURPOSE BY THE EVENT HOLDERS, PRODUCERS, SPONSORS, ORGANIZERS OR ASSIGNS, INCLUDING BUT NOT LIMITED TO SALES OF PICTURES TO RAISE FUNDS FOR ARMS AROUND BAINBRIDGE ASSOCIATION.

THIS AWRL WILL BE INTERPRETED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT PERMISSIBLE UNDER THE LAW.

I HAVE CAREFULLY READ THIS AWRL AND FULLY UNDERSTAND AND APPRECIATE ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER OF RIGHTS AND A RELEASE OF LIABILITY AND IS A CONTRACT BETWEEN ARMS AROUND BAINBRIDGE ASSOCIATION AND ME, AND I SIGN AT MY OWN FREE WILL.

Signature: _____ Date: _____

Please mail this completed form along with your check to:

Arms Around Bainbridge Association
c/o Sharon Kane
3654 Crystal Springs Drive NE
Bainbridge Island, WA 98110

We are a 501(c)(3) charitable organization. Contributions are tax-deductible.