

2017 Keats Island Swim Entry Form

Name: _____

Age (as of July 30th, 2017): _____

Please note that swimmers under 18 must have a parent or legal guardian sign the release below to participate in the 2017 Keats Island Swim

Gender: M / F

Address: _____

Phone Number: _____

Email Address : _____

Wet Suit: Y / N

Please note that 1:15 will be added to your time for use of a wetsuit

THIS IS A RELEASE OF CLAIMS

I hereby release the Sea Cavalcade Organizers and the Keats Island Swim Organizers and all volunteers, officials, agents and other persons engaged by them from and against any and all claims, actions, costs, expenses and demands in respect to the death, injury, loss or damage to me or my property, howsoever caused, arising or to arise in connection in any way with my participation in the Keats Island Swim, notwithstanding that the same may have been contributed to or occasioned by the negligence of any of those parties. I declare that this release is binding upon my heirs, executors and administrators and I have read and fully understand the terms of this release.

Swimmer's signature: _____

(Escort Boater printed name)

(Escort Boater signature)

THIS IS A RELEASE OF CLAIMS FOR PARENTS OR GUARDIANS OF JUNIORS.

I am the parent and guardian of the above named swimmer. I have read and fully understood the terms of the above release and in consideration of the above swimmer being permitted to participate in the Keats Island Swim I do hereby agree to save harmless and keep indemnified the Sea Cavalcade Organizers and the Keats Island Swim Organizers and all volunteers, officials, agents and other persons engaged by them from and against any and all claims, actions, costs, expenses and demands in respect to the death, injury, loss or damage to the above swimmer.

(Parent printed name)

(Parent signature)