

Fort Ritchie Open Water Swims Lake Royer

Name _____ Age _____
Address _____ Male Female
City/State _____ Zip _____
Phone () _____ email _____

Date: _____ Time: _____

Applicant must sign attached waiver release form at time of swim.

APPLICATION

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, and water conditions including: pollution, temperature, weather, the condition of my equipment, lack of hydration and/or your health conditions. This could be caused by the actions of other people including but not limited to the participants, volunteers, event producers, and Fort Ritchie employees.

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

I certify that I am 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 Racine MultiSports and Fort Ritchie Community Center 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, Racine MultiSports, Fort Ritchie Community Center, 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 entities as a 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 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 MYSELF AND THE EVENT ORGANIZER, AND THE FORT RITCHIE COMMUNITY CENTER, AND I SIGN AT MY OWN FREE WILL.

PLEASE FILL OUT AND RETURN THIS SHEET TO APPLY ACCIDENT WAIVER AND RELEASE FROM LIABILITY

Name: _____ Age: _____

Signature: _____ Date: _____

If applicant is under 18 years of age, the parents or guardians must execute the following waiver on the participant's behalf.

PARENT GUARDIAN WAIVER FOR MINORS

The undersigned parent and natural guardian or legal guardian does hereby represent that s/he is in fact, acting in such capacity and agrees to defend, save, hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of both the minor and the parent or legal guardian.

Parent or Legal Guardian: _____ Age: _____

Signature: _____ Date: _____