

SWIM FOR FREEDOM support our troops who fight for our freedom



Entry Form

Sun Aug 6th, 2017

Name _____

Email _____

Phone _____

Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

3 Mile Swim - Main Event

_____ Individual

_____ Relay _____ If relay, how many total swimmers on relay

6 Mile Swim (must have qualifying time approved by race director)

_____ Individual

Support for my/our swim:

_____ I have a support boat and driver

_____ I need a support boat, I have a driver

_____ I need a support boat and drive

All swimmers must have a support vehicle - boat, pwc, kayak, or SUP

You are responsible to find you own support boat. Event organizers can help but cannot guarantee to find you support

Participants will not be allowed to swim without a support boat

Email entry form to steele@gordysboats.com

or

Mail entry form to:

Steele Whowell

PO Box 82

Fontana, WI 53125





SWIM FOR FREEDOM

WAIVER, RELEASE AND INDEMNIFICATION FORM

I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement"):

I do hereby release Steele Whowell, individually, and Gordy's Lakefront Marine, Inc., the event directors, law enforcement agencies and other public entities providing support for the event, all sponsors, all promoters, all race coordinators, volunteers, and all persons or entities associated with this event, of all liability related to injuries or accidents which may occur as a result of participation in the SWIM FOR FREEDOM.

I hereby agree to comply with all the rules, regulations and event instructions of the SWIM FOR FREEDOM and its coordinators.

I hereby represent that the PARTICIPANT is physically capable of participating in the event and that the PARTICIPANT will conduct themselves in a safe and prudent manner while participating in the event.

I hereby acknowledge that there are always certain risks associated with any physical activity. I understand the risks and declare the PARTICIPANT listed below to be physically sound and capable to participate in the SWIM FOR FREEDOM.

I hereby consent to receive, or for the PARTICIPANT to receive, medical treatment which may be deemed advisable in the event of injury, accident or illness during the SWIM FOR FREEDOM event. No warranty as to the quality of medical care is to be made.

I hereby acknowledge that I have sole responsibility for the PARTICIPANT's name, image and picture in websites, broadcasts, telecasts and the press as they pertain to the SWIM FOR FREEDOM event.

I hereby absolve and hold harmless any and all parties or entities associated with SWIM FOR FREEDOM from any damage I or the PARTICIPANT may sustain because of any breach of these representations.

Participant

Print Name

Signature

Date

PARTICIPANTS UNDER 18 ARE REQUIRED TO HAVE A PARENT/GUARDIAN SIGNATURE

Parent/Guardian Print Name

Signature

Date