

Swim 4 Freedom Entry Form

Swim Lake Geneva to Support our Troops

Sunday Aug 2nd, 2015

Date _____ Individual _____ Relay _____

Name(s) _____

Primary Participant:

Address _____

Phone Number _____ Email _____

Emergency Contact _____ Phone Number _____

Swim Skill Level (please circle)

- Beginner (plan to swim 1-2 miles)
- Intermediate (plan to swim 2-6 miles)
- Advanced (plan to swim entire lake)

For support during my swim I have (please circle)

- Boat/watercraft and driver
- Boat/watercraft but no driver
- No boat/watercraft or driver

**Each participant/relay needs to have their own support boat/watercraft.*

**The support boat/watercraft needs to be something recognizable on the surface to other boaters.*

**Any of the following work – power boat, pwc, kayak, stand up paddle board.*

**Upon request, we may be able to help participants find support boats and drivers.*

Mail Entry Form to:

Steele Whowell
PO Box 82
Fontana, WI 53125

or

Email Form to:

steele@gordysboats.com

Contact: Steele Whowell Email steele@gordysboats.com Phone 262.325.0240



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