



SWIMMER APPLICATION AND WAIVER/RELEASE

Please read carefully before signing.

In consideration of the acceptance of my entry and participation in the Waves of Hope Swim:

1. I hereby agree to comply with all of the rules and regulations of this event and comply with the instructions of the event directors and volunteers.
2. For myself, my heirs, next of kin, administrators, executors, successors and assigns, I hereby waive and release any and all claims, demands and causes of action that I might have against the Village of Amityville, all volunteers and participants, and all other event sponsors, their employees, agents, representatives, successors and assigns for any and all injuries and bodily harm arising out of my participation in the event and its related activities, whether or not arising out of active or passive negligence of any such organizations or individuals.
3. I hereby acknowledge that I have sole responsibility for my athletic equipment and other personal possessions at all times before, during and after the event.
4. I hereby acknowledge that this event is extremely strenuous, difficult and hazardous even under the most favorable conditions. I understand that my participation in this event necessarily involves the risk of personal injury, sickness and death, including but not limited to those caused by my health and physical condition, and lack of hydration the terrain, weather conditions, water conditions, boat traffic, and other participants in the event. I understand and accept all these risks and hazards inherent in this event and related activities.
5. I hereby consent to receive such medical treatment, which may be deemed advisable in the event of injury or illness during or after the event.
6. I hereby attest that I am physically fit, and have sufficiently trained for completion of this event. (Please describe qualifications below in sufficient detail)
7. Without question I realize that my safety, any other participants' safety and any other volunteers' safety is the most important thing on the day of the event.
8. I understand and accept that part of the course of this event will be through active channels. I fully accept the risk and hazards that this implies and assume complete responsibility for my action on the dock, channels and beach.
9. I hereby grant the promoters of future Amityville Swims to use and release any pictures, videotapes, motion pictures, recordings, and any other record of this event and my participation in the same for any purpose.
10. I further certify that I have completely read and fully understand all of the foregoing, and that I am voluntarily consenting thereto.

Description of Recent Swim Training/Experience

(Board reserves the right to disqualify any applicant deemed not capable of safely completing swim)

Please fill in, sign and submit with entry fee. (Checks to be made payable to "Waves of Hope Swim")

Check one box: Beach Lap Swim (\$20.00 entry fee) Two/One Mile Open Water Swim (\$35.00 entry fee)

SWIMMER _____

DOB & AGE (as of 8/15/2011) _____

ADDRESS _____

I have read and agree to the terms of the Waiver Release and Indemnification Form.

PHONE _____

Swimmer Signature _____

EMAIL _____

SHIRT SIZE _____

Parent or Guardian Signature _____

(No changes can be made for shirt sizes on day of swim)

(For swimmers under age of 18)

Mail application and pledge form to: Waves of Hope Swim, P.O. Box 806, Amityville, New York 11701-0806

Website: <http://www.WavesOfHopeSwim.org>

Email: WavesOfHopeSwim@yahoo.com

Waves of Hope Swim