

EDDIE SARGENT MEMORIAL ACROSS THE BAY SWIM

Sunday August 9th, 2009

REGISTRATION FORM

SWIMMER'S NAME: _____ AGE: _____

ADDRESS: _____ CITY/TOWN: _____

POSTAL CODE: _____ PHONE #: _____

E-MAIL ADDRESS (Please Print Clearly): _____

SWIM COURSE CHOSEN: 1 Mile _____ 2 Mile _____ 4 Mile _____

1. Each swimmer must be accompanied by a safety boat (canoes/kayaks preferred), not shared by any other swimmer.
2. In the spirit of what this event represents, no swimmer should use flippers, flotation devices, or any other apparatus. Eye goggles and wetsuits are acceptable.
3. Every participant who enters this swim does so at his/her own risk. By signing this form, each participant releases any event sponsor, event organizer, or any related personnel from responsibility.
4. Every entrant is responsible for ensuring that he/she acts responsibly promoting safety for self and others.
5. Boater must wear fastened PFD's, closely monitor swimmer, keep ID signs nearby, and to signal at the first sign of fatigue, distress, or if swimmer requires any assistance. A motorized boat will respond.

I acknowledge, and will abide by all the Rules & Regulations as set out above. No person or organization connected directly or indirectly with this event will be held liable for any damages, losses, or injuries that I may experience resulting from this event. Also, I hereby give my consent for use of my image in photos and videos captured during Eddie Sargent Memorial Across The Bay Swim.

SWIMMER: _____ SIGNATURE: _____
(Please Print)

BOAT DRIVER: _____ SIGNATURE: _____
(Please Print)

ADDITIONAL CREW: _____ SIGNATURE: _____
(Please Print)

This registration form accepted/approved by:

NAME: _____ SIGNATURE: _____
(Please Print)

CONTACT INFO

Phone: 519-372-0700 (after 5:00 pm) • Fax: 519-372-0791 • PO Box 250, Chatsworth, ON N0H 1G0
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