

2011 Kelowna Apple 1.5 and 5 KM Open Water Swim Invitational



RELEASE, PARTICIPATION, MEDICAL & INDEMNIFICATION FORM

I, the undersigned participant or legal parent / guardians of _____, hereby
Swimmer name in full (please print)

confirm participation and authorize the Organizing Committee of the 2011 Kelowna Apple 1.5 and 5 KM Open Water Swim Invitational (August 19 and 20, 2011 at Okanagan Lake) to authorize emergency Medical/Surgical treatment for me or my child during this event.

This authorization will expire at the conclusion of this 2011 Kelowna Apple 1.5 and 5 KM Open Water Swim Invitational.

| | | |
|---------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------|
| _____ | _____ | _____ / _____ / _____ |
| Signature of Participant (18 years of age and older) | Signature of Parent / Guardian (If participant is less than 18 yrs of age) | Day Month Year |

List any medication requirements, instructions or requests:

List emergency contact phone numbers: _____

List alternate emergency contact person and phone: _____
----- Release & Indemnity -----

Re: 2011 Kelowna Apple 1.5 and 5 KM Open Water Swim Invitational

**To: Swim BC and its directors, officers, employees, representatives, and agents (referred to as "Agents").
And to: The Kelowna Apple Triathlon Society (KATS) and it's directors, officers, employees, representatives and agents (also referred to as "Agents"). And to: The Okanagan Masters Swim Club (OMSC) and its directors, officers, employees, representatives and agents (also referred to as "Agents").**

I have read the guidelines, rules and regulations issued for the Event, which I understand, and I agree to be bound by them. In consideration of your acceptance of my entry to this event by Swim BC, or my being permitted to take part in the Event and/or activity associated therewith, I agree to: RELEASE, SAVE HARMLESS, and INDEMNIFY Swim BC, KATS, OMSC and/or their Agents from all claims, actions, costs and expenses and demands in respect to death, injury, loss or damage to my person or property, wheresoever and howsoever caused, arising out of, or in connection with, my taking part in the event and notwithstanding that the same may have been contributed to or occasioned by any act or failure to act (including, without limitation, negligence) of Swim BC and/or any of its Agents. I acknowledge that the 2011 Kelowna Apple 1.5 and 5KM Open Water Swim is not put on by KATS and is not part of the Kelowna Apple Triathlon. I further agree and acknowledge that:

1. The governing rules of the event are solely for the purpose of regulating this event and it remains the sole responsibility of myself to act and govern myself in such a manner as to be responsible for my own safety;
2. I am aware of the risks inherent in participation in the event; and,
3. I agree that this Release shall bind my heirs, executors, administrators and assigns.
4. I have read this Release and understand it.

Participant Signature: _____ Date: _____

Parent / Guardian Signature: _____ (if participant is less than 18 years of age)