

Our mission: To prevent and cure diabetes and to improve the lives of all people affected by diabetes.



August 8, 2010

Start time 10:00 am - Start location: UAS ramp, Sitka, AK

COURSE: Route will circumnavigate the Causeway Islands (6.2 miles – 10k)

WATER TEMPERATURES: Generally below 60 degrees.

FOR EXPERIENCED SWIMMERS ONLY

OFFICIAL ENTRY AND ROSTER FORM

(Complete all sections; copies will be accepted)

INDIVIDUAL NAME: _____

RELAY TEAM NAME (if participating as relay):

DIVISION (check one):

- Male/Female/Mixed (36+)
- Male/Female/Mixed (72+)
- Male/Female/Mixed (160+)
- Male/Female/Mixed (220+)

Wetsuit division? YES / NO

Place where 1-hour swim took place: _____ Date: _____

Water Temperature _____

Witness: _____ Date: _____

EMERGENCY CONTACT: Name _____ Phone _____

ENTRY: \$99 per person (individual swimmers or \$99 per person on each relay team).

Checks made out to: **Americian Diabetes Association and mailed to:**

Dave Nevins
 323 Lincoln St. #3
 Sitka, AK 99835

Credit Card payments can be made by calling Dave Nevins at 907-752-0907 or email with credit card information: ssaswim@yahoo.com

Swim is open to **14** solo swimmers and **6** relay (2 or 4 people) teams

TEAM MEMBER/INDIVIDUAL	AGE	T-SHIRT SIZE
1. Captain/Individual: Mailing Address: Phone: (h) _____ (w) _____ Email: _____		S M L XL
2.		S M L XL
3.		S M L XL
4.		S M L XL
Total Age:		

ESCORT BOATS: Do you require assistance in locating an escort boat? YES / NO

If you already have an escort boat or kayaker, please complete the following:

Captain/Owner: _____ Address: _____

 Name of boat: _____ Telephone: () _____

I have read and understand the Sitka Sound Adventure Swim Rules & Regulations

Questions? Please contact Dave Nevins – Email: ssaswim@yahoo.com

Phone: 907-752-0907

LIABILITY RELEASE FORM
Sitka Sound Adventure Swim
August 8, 2010

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Ocean Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE SITKA SOUND ADVENTURE SWIM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: AMERICAN DIABETES ASSOCIATION, NO LIMITS, THE SITKA SOUND ADVENTURE SWIM COMMITTEE, HOST FACILITIES, SWIM SPONSORS, OR ANY INDIVIDUALS OFFICIATING AT THE SWIM OR SUPERVISING SUCH ACTIVITIES. I agree to abide by and be governed by the rules and regulations as specified. Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming, and agree to assume those risks.

1. SIGNATURE: _____ DATE: _____

2. SIGNATURE: _____ DATE: _____

3. SIGNATURE: _____ DATE: _____

4. SIGNATURE: _____ DATE: _____