

American Diabetes Association Mission: To prevent and cure diabetes and to improve the lives of all people affected by diabetes.



August 14, 2011

Start time: TBA **Start location:** Halibut Point Recreation Area, Sitka, AK

COURSE: Halibut Point Recreation Area to No Name Creek and back to HPR Rec. Area

WATER TEMPERATURES: Generally 53-57 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 previous 1-hour open water swim took place: _____

Date: _____

Water Temperature _____

Witness: _____ Date: _____

EMERGENCY CONTACT: Name _____ Phone _____

LIABILITY RELEASE FORM
Sitka Sound Adventure Swim
August 14, 2011

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: NO LIMITS, UNITED STATES MASTERS SWIMMING INC., USA SWIMMING, 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.

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|---------------------|-------------|
| 1. SIGNATURE: _____ | DATE: _____ |
| 2. SIGNATURE: _____ | DATE: _____ |
| 3. SIGNATURE: _____ | DATE: _____ |
| 4. SIGNATURE: _____ | DATE: _____ |