2010 VKSC 1 and 3 KM Open Water Swim

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 2010 VKSC 1KM and 3 KM Open Water Swim (July 24th, 2010 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 2010 VKSC 1 and 3KM Open Water Swim.
_____ _____ _____/_____/_____
Signature of Participant Signature of Parent / Guardian , Day/ Month / Year
(18 years of age and older) (If participant is less than 18 yrs of age)
List any medication requirements, instructions or requests:

_____
_____
_____
_____
List emergency contact phone numbers: _____
List alternate emergency contact person and phone:
_____

Release & Indemnity

Re: 2010 Vernon Kokanee 1 and 3 KM Open Water Swim
To: The Vernon Kokanee Swim Club and it's 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 VKSC 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 Vernon Kokanee Open water Swim event.
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)