

VOWSA 2020 WAIVER - BAY CHALLENGE

I understand the purpose of this waiver is to preclude me and others from bringing any claim or legal action arising out of my participation in the VOWSA series. In consideration of the acceptance of my entry in any 2020 Vancouver Open Water Swim Series event, I, for myself, my heirs, executors and administrators, hereby unconditionally release and forever discharge the Vancouver Open Water Swim Association, the members thereof, Swim BC, all sponsors, race directors, lifeguards, volunteers and producers of these events, and their respective heirs, executors, administrators, successors and assigns, from all liabilities, actions, claims, demands, damages, costs and expenses, which I may now or in the future have against them, or any of them, in any way arising out of or in any way connected with my participation in, or the operation of, any 2020 Vancouver Open Water Swim Series event and any practice or training session associated therewith (collectively, the "Swim Events") or other functions or events, including but not limited to any claims that are based on any alleged negligence or other action or inaction of any of the above mentioned parties.

I am aware of the hazards inherent in open water swimming, including the potential for hypothermia, cardiovascular problems, drowning and permanent disability and that in entering any Swim Event I am doing so at my own risk. To the best of my knowledge, my physical condition and fitness are adequate for me to compete in the Swim Event(s) for which I have submitted an entry, and I am unaware of any reason, physical or otherwise, why I should not participate. I agree to comply with all rules, regulations and event instructions of the Swim Events, and I consent to receive any and all medical treatment which organizers of the Swim Events consider advisable in the event of illness or injuries suffered by me during any Swim Event.

I acknowledge that I have read and understood the terms of this release and waiver.

First Name: _____ Last Name: _____

E-mail Address: _____

Date of Birth (D/M/Y): _____ Gender: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Emergency Contact:

First Name: _____ Last Name: _____

Phone: _____ Relationship: _____

Signature: _____ Date (dd/mm/yyyy): _____

Guardian Signature (if under 19 years of age): _____