



6<sup>th</sup> Annual Santa Barbara Channel Relay Swim • Sept. 11-12, 2009  
to benefit the Santa Barbara Marine Mammal Center

## Registration Packet

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

T-shirt size: \_\_\_\_\_ Swim Level: *(circle one)* slow medium fast

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number on day of event: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

### Fees

- The 6th Annual Santa Barbara Channel Relay Swim will benefit the **Santa Barbara Marine Mammal Center**. Each participant must raise \$500 in sponsorship donations. If you need help collecting this amount please let us know. Starting early produces the best results. Make checks payable to SBCSA. A donation acknowledgment letter will be sent to the donor after all pledges have been received.
- Please include a registration fee of \$150 payable to SBCSA.

### Other Requirements

- Signed accident waiver
- Send registration to:  
Santa Barbara Channel Swimming Association  
224 Anacapa Street, Suite 2D  
Santa Barbara, CA 93101

# Accident Waiver

I, the undersigned participant, hereby certify that I have sufficiently trained for the 2008 Santa Barbara Channel Swimming Association event \_\_\_\_\_ and that I am physically fit and have not been advised otherwise by a qualified medical person.

I AM AWARE THAT OCEAN SWIMMING IS A POTENTIALLY HAZARDOUS ACTIVITY IN AN UNCONTROLLED OPEN COURSE ENVIRONMENT AND CARRIES WITH IT THE POTENTIAL FOR SERIOUS INJURY OR DEATH. I HEREBY AGREE TO ASSUME ALL RISKS ASSOCIATED WITH THIS EVENT AND ALL ACTIVITIES INCIDENT THERETO INCLUDING BUT NOT LIMITED TO: EXTREME PHYSICAL EXERTION; FALLS; CONTACT WITH OTHER PARTICIPANTS, ROCKS, EVENT EQUIPMENT, WATERCRAFT, POWERBOATS WITH PROPELLERS, VEHICULAR TRAFFIC, DANGEROUS SEA ANIMALS, HARMFUL PLANKTON BLOOMS, POLLUTION, OIL FROM OIL PLATFORM SEEPAGE; THE EFFECTS OF WEATHER AND COLD WATER; AND TRAVEL TO AND FROM THIS EVENT. I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS EVENT. I REALIZE THAT LIABILITY MAY ARISE FROM NEGLIGENCE OR CARELESSNESS ON THE PART OF THE ENTITIES OR PERSONS NAMED BELOW OR FROM DANGEROUS OR DEFECTIVE EQUIPMENT CONTROLLED BY THEM.

HAVING CAREFULLY READ THE ABOVE WAIVER AND ALL EVENT RISKS BEING KNOWN AND APPRECIATED BY ME AND IN CONSIDERATION OF MY APPLICATION AND PERMITTING ME TO PARTICIPATE IN THIS EVENT AND ALL ACTIVITIES INCIDENT HERETO; I HEREBY TAKE ACTION FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF AS FOLLOWS: (A) WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY FOR MY DEATH, DISABILITY, PERSONAL INJURY, PROPERTY THEFT OR ACTIONS OF ANY KIND WHICH MAY HEREAFTER ACCRUE TO ME INCLUDING MY TRAVELING TO AND FROM THIS EVENT, THE FOLLOWING ENTITIES OR PERSONS: SANTA BARBARA CHANNEL SWIMMING ASSOCIATION, THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, REPRESENTATIVES AND AGENTS, THE EVENT VOLUNTEERS AND SPONSORS; AND EMILIO CASANUEVA. (B) INDEMNIFY AND HOLD HARMLESS THE ENTITIES OR PERSONS MENTIONED IN THIS PARAGRAPH FROM ANY AND ALL LIABILITIES OR CLAIMS MADE AS A RESULT OF PARTICIPATION IN THIS EVENT, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES OR OTHERWISE. I HEREBY CONSENT TO RECEIVE MEDICAL TREATMENTS WHICH MAY BE DEEMED ADVISABLE DURING THIS EVENT AND AGREE TO BE SOLELY RESPONSIBLE FOR ALL COSTS RELATED TO MEDICAL TREATMENT, TRANSPORTATION, AND/OR EVACUATION. I CERTIFY THAT NO REPRESENTATIONS HAVE BEEN MADE TO ME BY ANYONE ASSOCIATED WITH THIS EVENT CONCERNING THE PHYSICAL CONDITION REQUIRED OF A PARTICIPANT ENTERING THIS SWIM EVENT. I CERTIFY THAT I AM QUALIFIED TO SWIM 15 MINUTES TO 1-HOUR IN OPEN WATER AND, IF REQUIRED FOR THIS EVENT, HAVE PROVEN SO BY PROVIDING QUALIFICATION FORM SIGNED BY A WITNESS AND THE SWIM TEAM CAPTAIN. I UNDERSTAND THAT FLOTATION AND/OR PROPULSION AIDS OF ANY KIND ARE PROHIBITED OTHER THAN WETSUITS. I RELEASE ALL RIGHTS TO THE USE OF MY NAME, VOICE AND PHOTOGRAPHIC ELECTRONIC IMAGE WITHOUT COMPENSATION AND CERTIFY THAT I HAVE READ AND AGREE TO ALL OF THE TERMS AND CONDITIONS STATED ON THIS ENTRY FORM. FURTHERMORE, IF ANY OR ALL OF THE ABOVE EVENTS ARE CANCELLED FOR ANY REASON OR MY ENTRY IS REJECTED DUE TO MY FALSIFICATION OR OMISSION OF ANY ENTRY FORM INFORMATION. WITH THIS ENTRY FORM, I HEREBY DONATE MY ENTRY FEE TO SANTA BARBARA CHANNEL SWIMMING ASSOCIATION.

I ACKNOWLEDGE THAT THIS ACCIDENT WAIVER AND RELEASE OF LIABILITY CONTRACT WILL BE USED BY SANTA BARBARA CHANNEL SWIMMING ASSOCIATION AND THAT IT WILL GOVERN MY ACTIONS AND RESPONSIBILITIES AT THIS EVENT AND SHALL BE CONSTRUED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT PERMISSIBLE UNDER APPLICABLE LAW. I HAVE READ THIS ENTIRE CONTRACT AND UNDERSTAND ITS CONTENTS WITHOUT EXCEPTION.

DATE: \_\_\_\_\_

ENTRANT: X \_\_\_\_\_