

STEVE OMI MEMORIAL

25th ANNUAL OPEN WATER SWIM

DATE: SUNDAY, JULY 15, 2018
 TIME: CHECK IN 8:00 AM. SWIM STARTS AT 9:00 AM. AWARDS AT 10:20 AM.
 PLACE: SANDERS BEACH AT 15TH STREET, LAKE COEUR D'ALENE
 COURSE: ONE MILE, RECTANGLE: Between 12th St. and Golf Course.
 FEES: \$25 for Swim entry (online by July 13.) Additional \$15 for order of event souvenir T-shirt (race entry including shirt order must be received before June 30th.) Shirt sales are not planned on day of event. Late / Onsite Race Day Entry fee is \$35 (after July 13th.) Additional donations to OMI Foundation accepted and appreciated. Volunteers (\$0) register on line.

WET SUITS ARE PERMITTED

REFUNDS ARE NOT GIVEN IF CANCELLED DUE TO WEATHER OR ANY OTHER REASON

To Register Online: www.racesonline.com ; For Additional Info: www.omiswim.com

Mail Form w/Check Payable to: Steve Omi, Inc., 9892 Lamson Ln, Hayden, ID 83835

For Sponsorship Opportunity call 208-755-9260 or e-mail nancert@yahoo.com

Name _____ Address _____

City, State, Zip _____ Daytime Phone _____

Birthdate _____ Gender M _____ F _____ Age (on 7/15/18) _____ No of Times Participant in Event _____

E-mail _____ Emergency Contact Name & Phone _____

\$ _____ \$25.00 Swim Entry. (Mail-In postmarked by July 8, 2017 or completed @ ROL before July 13th.)

\$ _____ \$15.00 for T-Shirt. (Select Size -Adult Unisex): ___S ___M ___L ___XL ___XXL

\$ _____ Additional Donation to OMI Foundation in support of Aquatics Education (Tax Deductible)

\$ _____ Total Amount Enclosed

Volunteer Registration (\$0): ___ Setup ___ Timing ___ Registration/Check-In ___ Kayak/Paddle Board

ACCIDENT WAIVER AND RELEASE OF LIABILITY: I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event and lack of hydration. These risks are not only inherent to swim participants, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, rented or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it may govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, 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; STEVE OMI, Inc., their directors, officers, employees, volunteers, representatives, and agents, the event holders, any event sponsors; (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 or volunteering for this event, whether caused by negligence or releases or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

I agree to receive confirmation of my registration and future notification related to this event at the email address listed above. I understand my email will not be distributed or used for any other purpose and will have option to discontinue at any time.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

Print Participant's Name

Signature (If under 18 years old Parent or Guardian must sign below)

Date

PARENT GUARDIAN WAIVER FOR MINOR (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name

Age

Signature of Parent or Guardian

Date