

WAIKIKI ROUGHWATER SWIM 2002 ENTRY FORM

Male Female Age on Race Day

Date of Birth: Month Day Year

Last Name: First Name:

Mailing Address:

City State Zip Code

Area Code Phone Number E-mail

THE RACE COMMITTEE WILL SEED ENTRIES BY TIME:
Please read instructions on the application. **FILL IN ONE BOX ONLY**

A) 2001 WRS Time **B) 2000 meter or 2200 yards Swim Time**
ENTER 2001 WAIKIKI **ENTER DEMONSTRATED**
ROUGHWATER SWIM TIME: **SWIM TIME:**
 Hour Min Sec Hour Min Sec

C) Mark here if you
PREFER A SLOWER: Yes

SWIM GROUP

AMOUNT ENCLOSED:		Regular	Late Entry
ENTRY FEE If Postmarked by August 19, 2002		\$15.00	
LATE ENTRY If Postmarked after August 20, 2002			\$25.00
T-Shirts @ \$15.00 each	Qty: <input type="text"/>		
	S <input type="text"/> M <input type="text"/> L <input type="text"/> XL <input type="text"/> XXL <input type="text"/>	\$	\$
Tank Tops @ \$15.00 each	Qty: <input type="text"/>		
	S <input type="text"/> M <input type="text"/> L <input type="text"/> XL <input type="text"/> XXL <input type="text"/>	\$	\$
Polo Shirt @ \$30.00 each	Qty: <input type="text"/>		
	S <input type="text"/> M <input type="text"/> L <input type="text"/> XL <input type="text"/> XXL <input type="text"/>	\$	\$
BaseBall Caps @ \$10.00 each	Qty: <input type="text"/>	\$	\$
Swim Cap @ \$5.00 each	Qty: <input type="text"/>	\$	\$
TOTAL AMOUNT ENCLOSED:		\$	\$

WAIVER FORM MUST BE SIGNED FOR ENTRY TO BE ACCEPTED

Mail To: Waikiki Roughwater Swim Committee, Inc.

One Keahole Place #1607, Honolulu, Hawaii 96825

Checks Payable to: WRSC (Waikiki Roughwater Swim Committee)

Accident Waiver and Release of Liability

I am applying for entry into the 33rd Annual Waikiki Roughwater Swim on September 2, 2002. I realize this is an open ocean race subject to tides, currents and waves and have trained and prepared sufficiently for this event. I fully realize that events of this nature could entail a great deal of risk to me, both for serious injury and even death. I also realize that this event could not be held unless I am willing to assume all consequences of these risks. Therefore I assume full responsibility to inform myself as to all dangers and risks and I sign this Accident Waiver and Release of Liability as a legally binding method of personally assuming all of these risks. In consideration of my entry I agree to execute this Accident Waiver and Release of Liability. The following wording is required by the insurance carrier as a condition of granting an insurance policy for the activities associated with the 33rd Annual Waikiki Roughwater Swim. 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 athletics, but are also present for volunteers. I hereby assume all of these 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 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 will 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: Waikiki Roughwater Swim Committee, Inc., Ala Wai Petroleum, Atlantis Submarines, Hilton Hawaiian Village Hotel, Hui Wa'a Kaukahi Kayak Club, The New Otani Kaimana Beach Hotel, National Association of Underwater Instructors (NAUI), Outrigger Canoe Club, Rainbow Aquatics, Saurus, Straub Clinic & Hospital, Speedo , The Picture Man, U.S. Coast Guard Auxiliary, Waikiki Swim Club, Waikiki Yacht Club, the City and County of Honolulu and/or the State of Hawaii, their directors, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; 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 releases or otherwise. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident 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 or assigns. This Accident Waiver and Release of Liability shall be constructed 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 it's content. No refunds.

Print Participant's Name	Age	Signature	Date
(Swimmer's)		(if under 18 years old, parent or guardian must sign)	

Parent Guardian Waiver for Minors (under 18 years old)

The undersigned parent and natural guardian or legal 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 act and release said parties on behalf of the minor and the parents or legal guardian.

Print Parent's or Guardian's Name	Age	Signature of parent or guardian	Date
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