

Steve Omi Memorial

17th ANNUAL OPEN WATER SWIM

DATE: SUNDAY JULY 18, 2010
TIME: CHECK IN AT 8:45 AM, SWIM STARTS AT 9:30 AM
PLACE: 15TH STREET ENTRANCE, SANDERS BEACH, LAKE COEUR D'ALENE
COURSE: ONE MILE, TRIANGULAR: 15th St. TO 12th St. TO GOLF COURSE
FEE: \$27 includes super zorrie, or \$15 without super zorrie
Additional donations to Steve Omi Scholarship accepted
Race day fee is \$32 with super zorrie, \$20 without super zorrie

wet suits permitted

--Registration Form--

Make Checks Payable to: Steve Omi, Inc.
408 W. Vista Drive
Coeur d'Alene, ID 83815

For information call 208-667-3721, 208-772-6753 or e-mail swim@steveomi.org.
See website www.steveomi.org for on-line registration and race results

Name _____ Address _____
City, State, Zip _____ Gender M ___ F ___ Age (as of race day) _____
Daytime Phone _____ e-mail _____

_____ Enclosed is my \$27 pre-race day entry fee. Entry postmarked by July 14, 2010.
_____ Enclosed is my \$15 pre-race day entry fee, no super zorrie. Postmarked by July 14, 2010.
_____ Donation
_____ Race Day Entry surcharge (\$5)
_____ Total Enclosed

SUPER ZORRIE ___MM(6½ -7½ W) ___ML(7-9W) ___LL(9½-10W,8-9M) ___LG(9-11½M) ___XL(12-13M)
(Availability limited to stock on hand, priority given to pre-race entries) Sizing: W=Women; M=Men

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 risk 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 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 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. organizers, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (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 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.

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