



SWIM

SWIMMER WAIVER

Swimmers must be 11 or older on day of event

www.savebuzzardsbay.org/swim

PARTICIPATION WAIVER

In consideration of the Buzzards Bay Coalition’s (the “Coalition”) acceptance of my participation in the Buzzards Bay Swim (the “Event”), to be held on June 22, 2024 for myself, my personal representatives, assigns, heirs and next of kin, I acknowledge and certify that I understand and know the nature and extent of risks inherent in the Event and in open water swimming, including but not limited to bodily injury, disability and death, and assume complete responsibility for all such risks.

Acknowledge and certify that I am physically fit and fully capable of safely completing the Event, both as an Escorted and Unescorted swimmer.

Acknowledge and certify that my fitness to complete this Event has been verified by a licensed and qualified physician within the past 12 months.

Acknowledge and certify that in the event that it is determined by others that I am unable to complete my participation safely or in accordance with the Coalition’s requirements, my participation may be terminated, including by my removal from the water.

I hereby release, discharge, covenant not to sue and indemnify the Coalition, its officers, directors, employees, agents and individuals and institutions associated with the Event, including All Sports Events, LLC, jointly and severally, from and against all liability, claims, demands, losses and damages, including but not limited to injuries to me and loss of my property and that of any other person or property, arising directly or indirectly from my participation in this Event.

I hereby grant permission to the Coalition and its representatives to take and use photographs and/or digital images of me for use in news releases and in promotional and educational materials, without compensation to me. These materials may include printed, electronic publications, Web sites and others. My name and identity may be revealed in connection with any such publication. All negatives, prints, reproductions and publications will be the property of the Coalition.

I have read this agreement and fully understand its terms, I have signed it freely and without any inducement or promise other than it being a condition of my participation in the Event. I understand it to be complete and unconditional to the greatest extent allowed by law and agree that if any portion of this is determined to be invalid, the balance of it will continue in full force and effect.

Printed Name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

PARENTAL CONSENT (If Under 18 Only)

I, the parent or legal guardian of _____ do hereby authorize my child to participate in the Buzzards Bay Swim. I have fully read and understand the Liability Waiver form. By signing this form, I am acknowledging that my child is (or will be) at least 11 years of age as of June 22, 2024, and I am agreeing on behalf of myself, my personal representatives, assigns, heirs, and next of kin, and the estate of my child not to sue or seek other legal actions against the Buzzards Bay Coalition, its officers, directors, employees, agents, individuals or institutions associated with this event for any loss or damages suffered in the course of my child’s participation including injury or death.

Parent or guardian must sign below if participant is under 18 as of June 22, 2024 and plans to swim in the event.

Signature	<input type="text"/>	Date	<input type="text"/>
-----------	----------------------	------	----------------------