



## Swim & Fin OceanFest

### SALEM HARBOR SWIM REGISTRATION 2007

Events:      1500 meters                          1500 meters with fins      
                  500 meters                              500 meters with fins       

I, the undersigned participant (parent), intending to be legally bound, do hereby certify that I am (my child is) physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks inherent in marathon, open water, and competitive swimming, including possible permanent disability and death, and agree to assume all of those risks. I hereby waive any and all rights to claims for loss of damages arising out of my (my child's) participation in the Salem Harbor Swim against the City of Salem, clubs, host facilities, meet sponsors, or any individuals officiating at the meet or supervising such activities. I further attest and certify that I have read and understand the above waiver and assumption of risk, and all information and signatures are accurate and genuine.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship - self / parent

Print Name: \_\_\_\_\_

Sex \_\_\_\_ Age on race day \_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_

E-mail \_\_\_\_\_

Emergency contact - \_\_\_\_\_

Relationship \_\_\_\_\_

Contact's Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_

\$ 25 race pre-registration; \$ 30 on the day of race

Make check to Salem Sound Coastwatch  
Mail to SSCW, 201 Washington Street #9, Salem MA 01970