

SWIMMER AND KAYAKER APPLICATION AND WAIVER/RELEASE

**Waiver Release and Indemnification Form:** Please read this and the Master Instructions carefully before signing.  
Both the swimmer and the kayaker must complete and sign

In consideration of the acceptance of my entry and participation in the *Maggie Fischer* Memorial Cross Bay Swim:

1. I hereby agree to comply with all of the rules and regulations of this event and comply with the instructions of the event directors and volunteers.
2. For myself, my heirs, next of kin, administrators, executors, successors and assigns, I hereby waive and release any and all claims, demands and causes of action that I might have against the Village of Brightwaters, the National Park Service, Fire Island Seashore, all volunteers and participants, and all other event sponsors, their employees, agents, representatives, successors and assigns for any and all injuries and bodily harm arising out of my participation in the event and its related activities, whether or not arising out of active or passive negligence of any such organizations or individuals.
3. I hereby acknowledge that I have sole responsibility for my athletic equipment and other personal possessions at all times before, during and after the event.
4. I hereby acknowledge that this event is extremely strenuous, difficult and hazardous even under the most favorable conditions. I understand that my participation in this event necessarily involves the risk of personal injury, sickness and death, including but not limited to those caused by my health and physical condition, and lack of hydration the terrain, weather conditions, water conditions, boat traffic, and other participants in the event. I understand and accept all these risks and hazards inherent in this event and related activities.
5. I hereby consent to receive such medical treatment, which may be deemed advisable in the event of injury or illness during or after the event.
6. I hereby attest that I am physically fit, and have sufficiently trained for completion of this event.
7. Without question I realize that my safety, my chase boat operators' safety, any other participants' safety and any other volunteers' safety are the most important thing on the day of the event.
8. I understand and accept that part of the course of this event will be through active channels. I fully accept the risk and hazards that this implies and assume complete responsibility for my action on the dock, channels and beach.
9. I hereby grant the promoters of future Cross Bay Swims to use and release any pictures, videotapes, motion pictures, recordings, and any other record of this event and my participation in the same for any purpose.
10. I further certify that I have completely read and fully understand all of the foregoing, and that I am voluntarily consenting thereto.

Please fill in ON LINE, then print, sign and submit with \$125 fee .

|  |                               |
|--|-------------------------------|
| SWIMMER _____                          | KAYAKER _____                 |
| M/F ____ Expected Time To Finish _____ | M/F _____                     |
| ADDRESS _____                          | ADDRESS _____                 |
| PHONE _____                            | PHONE _____                   |
| EMAIL _____                            | EMAIL _____                   |
| DOB/AGE AS OF SWIM DATE _____          | DOB/AGE AS OF SWIM DATE _____ |
| SHIRT SIZE _____                       | SHIRT SIZE _____              |

No changes will be made for shirt sizes the day of the Swim!!

I have read and agree to the terms of the Waiver Release and Indemnification Form.

|  |  |
|--|--|
| Swimmer<br>SIGNATURE _____<br>(Parent or guardian if under 18) | Kayaker<br>SIGNATURE _____<br>(Parent or guardian if under 18) |
|--|--|

Yes, I will need to place my kayak on the Fire Island Ferry for transportation to the start.

Yes, I wish to participate in the swimmer tracking service.

Mail to: PO Box 332, Brightwaters NY 11718