

**2019 WHARF TO WHARF SWIM  
REGISTRATION & WAIVER**  
**Sponsored by Mathews Land Conservancy**

Name of Swimmer \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I understand the purpose of this waiver is to preclude me and others from bringing any claim or legal action arising out of my participation in the Wharf to Wharf Swim.

In consideration of the acceptance of my entry in the 2019 Wharf to Wharf event, I, for myself, my heirs, executors and administrators, hereby unconditionally release and forever discharge the Mathews Land Conservancy, the members thereof, all sponsors, race directors, lifeguards, volunteers and producers of this event, and their respective heirs, executors, administrators, successors and assigns, from all liabilities, actions, claims, demands, damages, costs and expenses, which I may now or in the future have against them, or any of them, in any way arising out of or in any way connected with my participation in, or the operation of, any 2019 Mathews Land Conservancy event and any practice or training session associated therewith or other functions or events, including but not limited to any claims that are based on any alleged negligence or other action or inaction of any of the above mentioned parties.

I am aware of the hazards inherent in open water swimming, including the potential for hypothermia, cardiovascular problems, drowning and permanent disability and that in entering any Swim Event I am doing so at my own risk. To the best of my knowledge, my physical condition and fitness are adequate for me to compete in the Swim Event for which I have submitted an entry, and I am unaware of any reason, physical or otherwise, why I should not participate. I agree to comply with all rules, regulations and event instructions of the Swim Event, and I consent to receive any and all medical treatment which organizers of the Swim Event consider advisable in the event of illness or injuries suffered by me during any Swim Event.

I acknowledge that I have read and understood the terms of this release and waiver.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent or Guardian if under 18

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name of Parent or Guardian

Date: \_\_\_\_\_

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**Sponsorship Information**

**Name of Swimmer** \_\_\_\_\_

**Sponsorship Amount Total \$** \_\_\_\_\_

**Sponsor Information**

If you are sponsoring yourself and have NO other people sponsoring you, then the following does not need to be completed.

If others are sponsoring you, then PLEASE complete the following so that those sponsoring you may be acknowledged and thanked. This is important as the MLC is a 501c3 tax exempt organization and charitable gifts to them are tax deductible.

<b>Sponsor Name</b>	<b>Sponsorship Amount</b>	<b>Mailing Address of Sponsor</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
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12.	_____	_____
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14.	_____	_____
15.	_____	_____