

**2021 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 2021 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 2021 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: 9/19/21

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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.

Sponsor Name	Sponsorship Amount	Mailing Address of Sponsor
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

2021 WHARF TO WHARF SWIM

Name of Participant _____

Have you had a fever or felt hot or feverish in the last 72 hours?

Yes ____ No ____

Have you had any difficulty breathing or shortness of breath in the last 72 hours?

Yes ____ No ____

Have you had any flu-like symptoms in the last 72 hours?

Yes ____ No ____

Have you been exposed to anyone with Covid-19?

Yes ____ No ____

Do you have any of the following symptoms?

____ Headache

____ Sore Throat

____ Cough or shortness of breath

____ Flu/Pneumonia

____ Fatigue

____ New loss of taste or smell

____ Nausea or vomiting

____ Diarrhea

____ None of the Above

I acknowledge the above information is true and accurate.

Signature

Signature of Parent or Guardian if under 18

Name (printed)

Name of Parent or Guardian

Date: 9/19/2021