

Lake Sonoma 2 Mile Swim

June 27th 2010

9am



U.S.M.S/ P.M.S. Reg # _____

Club Affiliation: _____

Last Name: _____ First Name: _____

Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone # _____

Email: _____

Birthdate: _____ Age On Race Day: _____

Gender: _____

2 Mile Time: _____

RACE DETAILS: 9:00 am start
2 mile loop course
3 wave starts (based on entry time)

\$35 PRE-REGISTRATION- includes a free t-shirt

1. online - www.active.com
2. mail completed entry before June 24th, 2010 to:
Lake Sonoma 2 Mile
PO Box 337
Healdsburg, CA 95448

*A copy of your current USMS registration card must accompany entry.

*Make checks payable to: REDWOOD COAST USLA

\$40 RACE DAY REGISTRATION

7:30 am to 8:30 am on June 27th, 2010

VISIT OUR WEBSITE www.lifeguardsforlife.org FOR MORE INFORMATION, DIRECTIONS, OR TO REGISTER.

EMAIL: redwoodcoastopenwater@yahoo.com

PHONE & FAX-LINE: 707.528.4718

WATER TEMPERATURE: 68-70 degrees

AGE GROUP DIVISIONS: 18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, etc

AWARDS: Overall male & female swimmer
1st, 2nd, 3rd place by age group

SAFETY: Swim caps will be supplied. It is mandatory that these caps be worn. Safety craft and lifeguards on rescue boards will patrol the course. Individual escorts are not allowed. A cut-off time of 1 hours will be enforced.

EQUIPMENT: Wet suits will render that swimmer ineligible for awards. Pullbuoys, leg floats, webbed gloves, or other possible speed increasing devices are not permitted.

LOCATION: Yorty Creek Swimming Area. Take Hwy 101 north to Cloverdale. Exit S. Cloverdale Blvd. and head west. Turn right on S. Cloverdale, left on W. Brookside, left on Foothill Rd., and veer right on Hot Springs Rd. USE CAUTION ON HOTSPRINGS ROAD.

*A map is available at: www.lifeguardsforlife.org

READ CAREFULLY BEFORE SIGNING



WAIVER: A LIMITATION OF YOUR LEGAL RIGHTS: I, _____, hereby apply to enter for participation in the Lake Sonoma 2 Mile swim. I agree to hold harmless and safe from liability for myself, my heirs, my executors, and administrators; and waive release and discharge the Redwood Coast Chapter of the United States Lifesaving Association, Redwood Coast Masters, Pacific Northwest United States Lifesaving Association, State of California, County of Sonoma, and all other sponsors and producers of this event, their agents, representatives, successors, and assignees, from all liabilities, actions, claims, demands, damages, costs, any and all rights, expenses, liability or damage for any and all injuries received or illness incurred or from damage caused by me to anyone else arising out of or in connection with my participation in the Lake Sonoma 2 Mile swim. I further expressly recognize that the entry fee does not obligate the sponsors, hosts, or their agents, for the costs of any medical care rendered to me, nor does it constitute a policy of insurance should I become injured or ill during the course of my participation. I further agree that I will defend, indemnify and hold harmless the said sponsor, host, their members, officers, agents, against all claims, demands or causes of action, including court costs and attorney's fees directly or indirectly arising from any or other proceedings brought by or prosecuted for my benefit contrary to this agreement. This release extends to all claims of any kind and nature, whatsoever, whether known or unknown, and I expressly waive any benefits I may otherwise have under Section 1542 of the Civil Code of California relating to the release of unknown claim. In addition to this agreement to the above, I certify and attest that to the best of my knowledge my physical condition and fitness are adequate for me to safely compete in the swim distance mentioned above and that no physician or other qualified individual has advised against my competing in any portion of the swim, or the entire swim itself. I agree to abide by all the rules and regulations of this event

"I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters Swimming (training & competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENTS THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OF DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS. In addition, I specifically acknowledge that I am aware of all the risks inherent in open water swimming and assume those risks."

SIGNATURE: _____ DATE: _____