



2nd Annual Swimmin' in Moonshine Open Water Swim
Saturday, August 28, 2010
Moonshine Beach (Branson, Mo)
Check-In: 8:00 a.m. – 9:30 a.m.
 For more information, please call Kellie Herman (417)-836-3756.

DIRECTIONS TO MOONSHINE BEACH Moonshine Beach is located on State Highway 165 on the north end of Table Rock Dam in Branson, Mo

2010 SWIMMIN' IN MOONSHINE ENTRY FORM (May be duplicated for additional entrants.)

Return this form and make checks payable to: **JAMES RIVER BASIN PARTNERSHIP, 901 S. NATIONAL-PCOB, Springfield, MO 65897**

LAST NAME _____ FIRST NAME _____ **PREPARE THOROUGHLY, SWIM HARD, ENJOY THE DAY!**

GENDER () M () F AGE ON 12/31/09 _____ DATE OF BIRTH _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____

Emergency Contact: _____ Emergency Contact Phone # _____

Distance: _____ (500 yds, 1 mile, 2 mile)

FEES: OPEN WATER SWIM-INDIVIDUAL-FEE DUE ON OR BEFORE AUGUST 6, 2010 - \$25.00 AFTER AUGUST 6, 2010 - \$35.00

You must mail in a signed hard copy of this form with your payment. **PAYMENT ENCLOSED \$ _____**

ALL PARTICIPANTS READ CAREFULLY AND SIGN ACKNOWLEDGEMENT, WAIVER & RELEASE FROM LIABILITY (AWRL).

I ACKNOWLEDGE THAT AN OPEN WATER SWIM EVENT IS A TEST OF A PERSON'S PHYSICAL LIMITS AND CARRIES WITH IT A POTENTIAL FOR DEATH, SERIOUS INJURY. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN OPEN WATER SWIMS. I CERTIFY THAT I AM PHYSICALLY FIT, HAVE SUFFICIENTLY TRAINED FOR PARTICIPATION IN THIS EVENT(S), AND HAVE NOT BEEN ADVISED AGAINST PARTICIPATION BY A QUALIFIED HEALTH PROFESSIONAL. IN CONSIDERATION FOR ALLOWING ME TO PARTICIPATE IN THIS EVENT, I HEREBY TAKE THE FOLLOWING ACTION FOR MYSELF, MY EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS AND ASSIGNS, OR ANYONE ELSE WHO MIGHT CLAIM OR SUE ON MY BEHALF, AND I EXPRESSLY ACKNOWLEDGE THAT IT IS MY INTENT TO TAKE THESE ACTIONS: (A) I WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL CLAIMS, LOSSES, OR LIABILITIES FOR DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY, PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT, OR DAMAGE OF ANY KIND, INCLUDING ECONOMIC LOSSES, WHICH MAY NOW OR IN THE FUTURE ARISE OUT OF OR RELATE TO MY PARTICIPATION IN THIS EVENT. THE FOLLOWING PERSONS OR ENTITIES: JAMES RIVER BASIN PARTNERSHIP, EVENT SPONSORS, THE RACE DIRECTOR AND ALL COMMITTEE MEMBERS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, COUNTIES, OR LOCALITIES IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY; (B) I ASSUME ANY AND ALL OTHER RISKS ASSOCIATED WITH PARTICIPATING IN THIS EVENT INCLUDING BUT NOT LIMITED TO, CONTACTS AND/OR EFFECTS WITH OTHER PARTICIPANTS, EFFECTS OF WEATHER INCLUDING HEAT AND/OR HUMIDITY, WATER HAZARDS, CONTACT WITH OTHER SWIMMERS, IN ANY HAZARD THAT MAY BE POSED BY SPECTATORS OR VOLUNTEERS, ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME, AND I FURTHER ACKNOWLEDGE THAT THESE RISKS INCLUDE RISKS THAT MAY BE THE RESULT OF THE NEGLIGENCE OF THE PERSONS OR ENTITIES MENTIONED ABOVE IN PARAGRAPH C OF OTHER PERSONS OR ENTITIES; (C) I AGREE NOT TO SUE ANY OF THE PERSONS OR ENTITIES MENTIONED ABOVE IN PARAGRAPH C FROM ANY AND ALL CLAIMS MADE OR LIABILITIES THAT I HAVE WAIVED, RELEASED, OR DISCHARGED HEREIN; (D) I INDEMNIFY AND HOLD HARMLESS THE PERSONS OR ENTITIES MENTIONED ABOVE IN PARAGRAPH C FROM ANY AND ALL CLAIMS OR LIABILITIES ASSESSED AGAINST THEM AS A RESULT OF (I) MY ACTIONS OR INACTIONS, (II) THE ACTIONS AND INACTIONS OR NEGLIGENCE OF OTHERS INCLUDING THOSE PARTIES HEREBY INDEMNIFIED, (III) THE CONDITIONS OF THE FACILITIES, EQUIPMENT, OR AREAS WHERE THE EVENT OR ACTIVITY IS BEING CONDUCTED, (IV) OR ANY OTHER HARM CAUSED BY AN OCCURRENCE RELATED TO THIS EVENT, AND (E) I GRANT PERMISSION FOR THE USE OF MY NAME AND/OR LIKENESS RELATING TO MY PARTICIPATION IN THIS EVENT, AND I WAIVE ALL RIGHTS TO ANY FUTURE COMPENSATION TO WHICH I MAY OTHERWISE BE ENTITLED AS A RESULT OF THE USE OF MY NAME OR LIKENESS.

I HEREBY AFFIRM THAT I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

SIGNATURE: _____ DATE: _____

FOR PERSONS LESS THAN 18 YEARS OF AGE, A PARENT, OR LEGAL GUARDIAN MUST SIGN THE AWRL AND COMPLETE THE FOLLOWING SECTION.

I AM UNDER 18 YEARS OF AGE. MY PARENTS/GUARDIAN HAS READ AND COMPLETED THE SECTION ABOVE. PLEASE FILL OUT ADDITIONAL SECTION BELOW. IF APPLICANT IS UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST EXECUTE, IN ADDITION TO THE FOREGOING AWRL, THE FOLLOWING, FOR AND ON BEHALF OF THE MINOR.

THE UNDERSIGNED, _____ (PARENT OR LEGAL GUARDIAN) OF _____ (MINOR) HEREBY ACKNOWLEDGE THAT HE/SHE HAS EXECUTED THE FOREGOING AWRL FOR AND ON BEHALF OF THE MINOR NAMED HEREIN, AS A NATURAL OR LEGAL GUARDIAN OF SUCH MINOR, I HEREBY BIND MYSELF, THE MINOR AND EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS AND ASSIGNS TO THE TERMS OF THE FOREGOING AWRL. I REPRESENT THAT I HAVE THE LEGAL CAPACITY AND AUTHORITY TO ACT FOR AND ON BEHALF OF THE MINOR NAMED HEREIN, AND I AGREED TO INDEMNIFY AND HOLD HARMLESS THE PERSONS OR ENTITIES MENTIONED IN THE FOREGOING AWRL FOR ANY CLAIMS MADE OR LIABILITIES ASSESSED AGAINST THEM AS A RESULT OF ANY INSUFFICIENCY OF MY LEGAL CAPACITY OR AUTHORITY TO ACT FOR AND ON BEHALF OF THE MINOR IN THE EXECUTION OF THE FOREGOING AWRL OR THE EXECUTION OF THIS CONSENT.

I HEREBY AUTHORIZE ANY LICENSED PHYSICIAN, EMERGENCY MEDICAL TECHNICIAN, HOSPITAL, OR OTHER MEDICAL CARE FACILITY (MEDICAL PROVIDER) TO TREAT THE MINOR NAMED HEREIN FOR THE PURPOSE OF ATTEMPTING TO TREAT OR RELIEVE ANY INJURIES RECEIVED BY SAID MINOR ARISING OUT OF OR RELATING TO THIS EVENT. I AUTHORIZE ANY SUCH MEDICAL PROVIDER TO PERFORM ALL PROCEDURES DEEMED MEDICALLY ADVISABLE IN ATTEMPTING TO TREAT OR RELIEVE ANY SUCH INJURIES AND ANY RELATED CONDITIONS OF SAID MINOR THAT MAY BE ENCOUNTERED DURING THE COURSE OF ATTEMPTING TO TREAT OR RELIEVE SUCH INJURIES. I CONSENT TO THE ADMINISTRATION OF ANESTHESIA AS DEEMED ADVISABLE DURING THE COURSE OF SUCH TREATMENT. I REALIZE AND APPRECIATE THAT THERE IS A POSSIBILITY OF COMPLICATIONS AND UNFORSEEN CONSEQUENCES IN ANY MEDICAL TREATMENT, AND I ASSUME ANY SUCH RISK FOR AND ON BEHALF OF MYSELF AND SAID MINOR. I ACKNOWLEDGE THAT NO WARRANTY IS BEING MADE AS TO THE RESULTS OF ANY MEDICAL TREATMENT.

NOTE: CURRENT PARENT/GUARDIAN MUST ALSO SIGN AWRL ABOVE.
 PARENT/GUARDIAN SIGNATURE (REQUIRED IF UNDER 18 YEARS): _____ DATE: _____
 RELATIONSHIP TO MINOR: _____



Proceeds for this event will help to protect and improve the water quality of our lakes, streams, rivers, and springs

