

Kayaker

EMERGENCY CONTACT INFORMATION All Participants MUST Complete

Emergency Contact: _____

Relationship to you: _____

Phone number (on day of the swim): _____

Address: _____ City: _____ State: _____ Zip _____

Annual Newburgh to Beacon Hudson River Swim Participant Waiver and Release

In signing this release, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators, and representatives, do hereby agree and will resolve and hold harmless the River Pool At Beacon, Inc. and sponsors, cooperating organizations, and any other parties connected with this event in any way, together with their respective successors and assigns singly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may result from, or be connected in any way to my participation in the Annual Newburgh to Beacon Hudson River Swim.

I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the event. I also hereby give permission to the River Pool At Beacon, Inc. to use my name and any photograph taken of me during the event in any promotional materials or publications.

The River Pool At Beacon, Inc. withholds the right to refuse or dismiss anyone that may cause any disturbance or hindrance, in any manner, which could jeopardize the success of the Newburgh to Beacon Hudson River Swim.

I certify that I have read this waiver and release and understand its significance.

Signature: _____ Date _____

Signature of parent or guardian is required if participant is under 18 years of age