



3rd Annual Santa Barbara Channel Swim 6x6 Relay Race - Registration Packet September 4-5, 2009

COURSE: Santa Cruz Island to East Beach - Approximately 26 miles.

RULES: **FOR EXPERIENCED SWIMMERS ONLY.** Each team must provide their own boat, captain, kayaks, and paddlers. SBCSA will approve the boats. Skipper must be a well seasoned SB channel pilot. A kayak paddler must accompany the swimmer at all times. Kayakers may not lead the swimmer.

Category A: without wetsuit – swim suit, cap and goggles only.

Relay teams must have 6 swimmers. Teams can choose their interval but every swimmer must swim an equal interval for each rotation.

ENTRY FEE: \$250 per swimmer - includes after swim banquet, finishers medal, and long-sleeve t-shirt. Complete one registration form per team. Each swimmer must complete and sign the waiver. Submit team registration, waivers, and fees together.

Mail completed forms and fees (checks payable to SBCSA), to:
SBCSA, 224 Anacapa Street, Suite 2D, Santa Barbara, CA 93101.

Forms and fees must be received by Saturday, August 1, 2009. **No refunds after this date.** The number of teams allowed will vary with the availability of boats and officials. Registration may close early.

AWARDS: **\$1000 CASH AWARD TO THE WINNING TEAM!** All swimmers who finish get a medal. Awards ceremony will immediately follow the arrival of the last team.

INFO: Water temperature varies from 58° to 68° in September.

QUESTIONS: Emilio Casanueva (805) 637-8331, emilio@zapallar.net, www.oceanducks.com

Team Name: _____

Team Members:

1. **Captain:** _____ Last: _____ Phone: _____ Email: _____
2. First name: _____ Last: _____ Phone: _____ Email: _____
3. First name: _____ Last: _____ Phone: _____ Email: _____
4. First name: _____ Last: _____ Phone: _____ Email: _____
5. First name: _____ Last: _____ Phone: _____ Email: _____
6. First name: _____ Last: _____ Phone: _____ Email: _____

Pilot's name: _____ **Boat:** _____ **Phone:** _____

Emergency Contact Information for the Team

Name: _____ Relationship: _____

Phone number on day of event: _____

Alternate phone number: _____

*Please attach a signed **Doctor's Statement and Waiver** for each of the 6 swimmers.*



3rd Annual Santa Barbara Channel Swim 6x6 Relay Race – Doctor’s Statement & Waiver Required for each swimmer

Swimmer Name: _____ Team Name: _____

Address: _____

Phone: _____ Email: _____

Birthdate: _____ Sex: _____ T-shirt: size: _____

Please describe your long distance swimming experience:

Doctor’s Statement: (swimmer’s name) _____ is fit to do this swim.

Doctor’s Signature: _____ Date: _____

I, the undersigned participant, hereby certify that I have sufficiently trained for the 2009 Santa Barbara Channel Swimming Association 6x6 Relay and that I am physically fit and have not been advised otherwise by a qualified medical person.

I AM AWARE THAT OCEAN SWIMMING IS A POTENTIALLY HAZARDOUS ACTIVITY IN AN UNCONTROLLED OPEN COURSE ENVIRONMENT AND CARRIES WITH IT THE POTENTIAL FOR SERIOUS INJURY OR DEATH. I HEREBY AGREE TO ASSUME ALL RISKS ASSOCIATED WITH THIS EVENT AND ALL ACTIVITIES INCIDENT THERETO INCLUDING BUT NOT LIMITED TO: EXTREME PHYSICAL EXERTION; FALLS; CONTACT WITH OTHER PARTICIPANTS, ROCKS, EVENT EQUIPMENT, WATERCRAFT, POWERBOATS WITH PROPELLERS, VEHICULAR TRAFFIC, DANGEROUS SEA ANIMALS, HARMFUL PLANKTON BLOOMS, POLLUTION, OIL FROM OIL PLATFORM SEEPAGE; THE EFFECTS OF WEATHER AND COLD WATER; AND TRAVEL TO AND FROM THIS EVENT. I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS EVENT. I REALIZE THAT LIABILITY MAY ARISE FROM NEGLIGENCE OR CARELESSNESS ON THE PART OF THE ENTITIES OR PERSONS NAMED BELOW OR FROM DANGEROUS OR DEFECTIVE EQUIPMENT CONTROLLED BY THEM.

HAVING CAREFULLY READ THE ABOVE WAIVER AND ALL EVENT RISKS BEING KNOWN AND APPRECIATED BY ME AND IN CONSIDERATION OF MY APPLICATION AND PERMITTING ME TO PARTICIPATE IN THIS EVENT AND ALL ACTIVITIES INCIDENT HERETO; I HEREBY TAKE ACTION FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF AS FOLLOWS: (A) WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY FOR MY DEATH, DISABILITY, PERSONAL INJURY, PROPERTY THEFT OR ACTIONS OF ANY KIND WHICH MAY HEREAFTER ACCRUE TO ME INCLUDING MY TRAVELING TO AND FROM THIS EVENT, THE FOLLOWING ENTITIES OR PERSONS: SANTA BARBARA CHANNEL SWIMMING ASSOCIATION, THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, REPRESENTATIVES AND AGENTS, THE EVENT VOLUNTEERS AND SPONSORS; AND EMILIO CASANUEVA. (B) INDEMNIFY AND HOLD HARMLESS THE ENTITIES OR PERSONS MENTIONED IN THIS PARAGRAPH FROM ANY AND ALL LIABILITIES OR CLAIMS MADE AS A RESULT OF PARTICIPATION IN THIS EVENT, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES OR OTHERWISE. I HEREBY CONSENT TO RECEIVE MEDICAL TREATMENTS WHICH MAY BE DEEMED ADVISABLE DURING THIS EVENT AND AGREE TO BE SOLELY RESPONSIBLE FOR ALL COSTS RELATED TO MEDICAL TREATMENT, TRANSPORTAION, AND/OR EVACUATION. I CERTIFY THAT NO REPRESENTATIONS HAVE BEEN MADE TO ME BY ANYONE ASSOCIATED WITH THIS EVENT CONCERNING THE PHYSICAL CONDITION REQUIRED OF A PARTICIPANT ENTERING THIS SWIM EVENT. I CERTIFY THAT I AM QUALIFIED TO SWIM THIS EVENT. I UNDERSTAND THAT FLOTATION AND/OR PROPULSION AIDS OF ANY KIND ARE PROHIBITED.

I ACKNOWLEDGE THAT THIS ACCIDENT WAIVER AND RELEASE OF LIABILITY CONTRACT WILL BE USED BY SANTA BARBARA CHANNEL SWIMMING ASSOCIATION AND THAT IT WILL GOVERN MY ACTIONS AND RESPONSIBILITIES AT THIS EVENT AND SHALL BE CONSTRUED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT PERMISSIBLE UNDER APPLICABLE LAW. I HAVE READ THIS ENTIRE CONTRACT AND UNDERSTAND ITS CONTENTS WITHOUT EXCEPTION.

Signature of participant: _____ Date: _____