

# *Liability Waiver and Entry Form*

LIABILITY WAIVER FOR

## **SALISH SPLASH**

**June 13, 2019**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### **WARNING**

#### **COLD WATER SWIMMING CAN PRODUCE INJURY AND/OR DEATH**

I, \_\_\_\_\_, have voluntarily elected to participate in the Puget Plunge (Event). I fully understand that this involves jumping or running into the cold water of Puget Sound during spring weather conditions in the Pacific Northwest, and that there are health and safety risks (both anticipated and unanticipated) associated with this type of outdoor activity. I therefore knowingly and freely assume all known and unknown risks of injury and/or death associated with this Event, and I will not hold Washington Environmental Council or any sponsors or volunteers liable for any circumstance related to this Event.

I hereby confirm, based on personal knowledge and/or consultation with medical professionals, that I am in good physical condition and do not suffer from any disabilities, physical conditions or illnesses that place me at risk for injury or death, or that may otherwise prohibit or restrict my participation in the Event.

As part of my voluntary participation in the Event, I expressly acknowledge and agree on behalf of myself, as well as my heirs, executors, administrators, successors and assigns: (1) to assume the risk for any and all injuries or illnesses that may arise from my participation in the Event; and (2) to waive and release Washington Environmental Council, as well as their sponsors, officers, agents, affiliates, employees, contractors, or volunteers, from any and all claims, actions, demands, expenses, losses, and liabilities (including reasonable attorney's fees) arising out of any injury, illness, death, loss, injury, paralysis, or other damage that I, or any minor in my custody or control or anyone on behalf of said minor, may suffer as a result of participation in the Event..

I hereby affirm and acknowledge that I have read this Liability Waiver and Entry Form, that I declare myself to be physically sound to participate in the Event, that I take and assume full

responsibility for my safe participation, and that fully understand the preceding paragraphs and volunteer to participate in the Event at my own risk.

Participant: \_\_\_\_\_

Witness: \_\_\_\_\_

(print names)

Signature of Participant: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**Footwear is strongly recommended** due to safety concerns and the fact that numb feet may not feel objects in the water.

**PLEASE**

**ANYONE WITH HEART PROBLEMS OR A HISTORY OF HEART PROBLEMS SHOULD NOT PARTICIPATE**

**DO NOT DRINK ALCOHOL BEFORE, DURING OR AFTER THE EVENT**

**ALCOHOL DOES NOT WARM YOU UP - IT ACCELERATES HYPOTHERMIA.**

**DO NOT STAY IN THE WATER LONGER THAN 15 MINUTES.  
BODY HEAT IS LOST 25 TIMES FASTER IN WATER THAN IN AIR.**

**DO NOT REMOVE YOUR OUTER CLOTHING UNTIL SWIM TIME.**

**IF YOU ARE UNSURE ABOUT WHETHER YOU ARE PHYSICALLY CAPABLE OF PARTICIPATING,  
PLEASE CONSULT WITH A MEDICAL PROFESSIONAL BEFORE PARTICIPATING**