



**CAYMAN ISLANDS AMATEUR
SWIMMING ASSOCIATION
& CUC
Presents**



The 29th Annual CUC 800M Sea Swim – Saturday November 4th 2017

WHERE	Governors Beach
TIME	Race starts at 4:00 pm. Registration at Governors Beach from 3:00 pm to 3:45 pm
CUT-OFF TIME	40 Minutes from Race Start
COURSE	Start/Finish at Governors Beach
ENTRY FEES	CIASA Members: CI\$10.00 for children and CI\$15.00 for adults Non-Members: CI\$15.00 for children and CI\$20.00 for adults
AWARDS	Trophies for first, second and third places in all age groups. T-shirts and refreshments for all participants

If weather conditions threaten the safety of the swimmers or organizers, the race may be cancelled at the discretion of the Race Director.

NAME _____ DATE OF BIRTH _____ AGE _____ ANY MEDICAL CONDITIONS? YES NO
(if YES, list details above)

PHONE NUMBER _____ EMAIL _____ CIASA Member? YES NO

PLEASE CIRCLE YOUR DIVISION CODE

AGE GROUP	MALE	FEMALE	RACE NUMBER
8 years & under	A	K	
9 to 10 years	B	L	
11 to 12 years	C	M	
13 to 14 years	D	N	
15 to 19 years	E	O	
20 to 29 years	F	P	
30 to 39 years	G	Q	
40 to 49 years	H	R	
50 to 59 years	I	S	
60 years & over	J	T	

DECLARATION AND DISCLAIMER OF LIABILITY

YOUR ATTENTION IS BROUGHT TO THE FOLLOWING WHICH YOU SHOULD READ CAREFULLY

By completing this form, I declare, verify and understand that:

1. I am physically fit for the event, I am a competent swimmer and I have no medical reasons why I should not participate in this event.
2. I agree to abide by all of the event regulations stated.
3. I agree to participate entirely at my own risk, the extent of which I fully appreciate and I waive all possible rights that I may have, or my heirs or dependents may have, as a result of any injury, loss to property or death which may occur as a result of my participation in this event, in consideration of me participating in this event.
4. I accept that no liability whatsoever will attach to CIASA, the organizers, sponsors, volunteers or anyone else involved with Cayman swimming and that they are in no way responsible for the safety of any swimmer, in consideration of me participating in this event.
5. I consent to the use of photographic images of myself in official event photos.

Signed _____
SWIMMER

or

GUARDIAN (if swimmer is under 18 years old)

MAPLES



MINISTRY OF
HEALTH, SPORTS,
YOUTH & CULTURE
CAYMAN ISLANDS GOVERNMENT