REGISTRATION - FLOWERS SEA SWIM



Start: The Ritz-Carlton, Grand Cayman - June 15, 2019

Finish: Royal Palms Beach Bar

Please check **www.flowersseaswim.com**

the day before the race for final confirmation of course

Check-in: Race day 12:30 -1:45pm at the start for arm marking

and cap collection.

Cutoff time: 75 minutes

Course: Parallel to shore

Awards: Trophies to 1st, 2nd, 3rd, 4th Male & Female overall –

cash awards for event record and world records

Random Prizes: Participants who finish in 75mins and abide by race rules

are eligible for over \$100,000 in prizes (1 in 7 wins!)

Entry fee: CI\$50 or US\$60 - all registration proceeds to:

Special Olympics Cayman Islands

Please make cheques payable to Flowers Sea Swim

Additional voluntary donation to **Special Olympics Cayman Islands**

\$

Your donation is greatly appreciated.

Entry is limited to 1100 in 2019. Registration will close as soon as the limit is reached, or on Wednesday June 12, whichever is sooner.

REGISTRATION OPTIONS:

Online at www.flowersseaswim.com	→ At the Flowers Block Office	ces, M-F 8am - 4:30pm,	Sat 8am - 11:30am
NAME (Please print) First	Surname		
Sex: O Male O Female DOB:		FOR OF	FICIAL USE:
		Race No:	
Street / PO Box City	State/Province	Cou	ntru
Street / PO Box City	State/Province	Cou	ntry
Phone	Email		

Phone



Emergency contact - Name

Random Prize Entry

NAME IN CAPITAL LETTERS:

First Surname

Race No:_____

FOR OFFICIAL USE:

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

In consideration of being allowed to enter the Flowers Sea Swim (the "Event"), I for myself, my successors, heirs, assigns, executors and administrators acknowledge that I fully understand that my participation may involve risk of personal injury or death, which may result not only from my own actions, inactions, or negligence, but also from the action, inactions or negligence of others, or the condition of the sea or weather on the date ofthe Event. I agree to assume any and all risk of personal injury to myself including medical or hospital bills, permanent or partial disability and death that may be caused by or arise from my participation in the Event and I covenant not to sue or present any claim for personal injury or wrongful death against the Event Organizers (CL Flowers and Sons Ltd. and its affiliates) or its sponsors and any of their officers, agents or employees for any loss attributable in any way to my participation in the Event.

I further release, waive, discharge and relinquish the Event Organizers and its sponsors and their respective officers, agents or employees from liability for any loss arising from my participation in the Event, whether same shall arise by their negligence or otherwise.

I further agree that photographs, pictures, slides, movies or videos of me may be taken in connection with my participation in this event without compensation from the Flowers Sea Swim or its sponsors and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose. I Warrant that I am in good health and have no physical condition that would prevent me from participating in the Event. I Warrant that I have read the Race Rules and agree to abide by them. Flowers Sea Swim reserves the right to use random photos taken at the event for marketing purposes. I understand that these photos will remain the property of the Flowers Sea Swim and I give my consent to have my image(s) used for this purpose.

In the case of minors, the parent or legal guardian signing below certifi es that he or she is the legal guardian of the minor and that the minor is of the age of 8 years or more.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I MAY BE GIVING UP LEGAL RIGHTS BY SIGNING IT AND SIGN VOLUNTARILY.

Refund Policy: Due to the charitable nature and complexity of the Flowers Sea Swim, there will be norefunds for any reason including event cancellation or postponement.

Swimmer's Name:	
Swimmer's Signature:	
Parent/Legal Guardian Name:	
Parent/Legal:	























