REGISTRATION - FLOWERS SEA SWIM



Online at www.flowerss	easwim.com 🚽 At the F	-lowers Block Uffices,	M-F 8am - 4:30pm, Sat 8am - 11:30an
NAME (Please print)		Surname	
Sex: O Male O Female	DOB:		FOR OFFICIAL USE:
	Nationality:		Race No:
Street / PO Box	City	State/Province	Country
Phone		Email	
Emergency contact - Name		Phone	
Dom			FOR OFFICIAL USE:



Random Prize Entry

NAME IN CAPITAL LETTERS:

First

Surname

Race No:_____

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 of the 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 affi liates) or its sponsors and any of their offi cers, 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 certifies 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 no refunds for any reason including event cancellation or postponement.

Swimmer's Name:						
Swimmer's Signature:						
Parent/Lega	al Guardian Nan	ne:				
Parent/Lega	al:					
Covers SEA SWIM 2025		CAYMAN ISLANDS GRAND CAYMAN CAYMAN BRAC LITTLE CAYMAN	Ministry of Youth, Sports, Culture & Heritage	Davenport Development Ltd www.DaVENPORTCAYMAN.com		
	FLOWERS	FLOW	CRICKET SQUARE	DART		