



**THE SUN CITY SWIM - MAKING WAVES FOR  
Simcoe County Association for the Physically Disabled**  
S.C.A.P.D. 1102-44 Cedar Pointe Drive, Barrie Ontario L4N 5R7

Name _____	Address _____
City/Province _____	Postal Code _____ Telephone _____

**Registration: Time: 7:00 a.m.**

**Where: Fern Resort, Main Dock by the poolside.**

**Requirements: \*Swimmers need to: 1) Pre-register by August 4, 2) Have a minimum pledge of \$100.00, 3) Secure their own manned non-motorized support boat, 4) Sign waiver**

Charitable receipts will be issued for all donations of \$10.00 or more. **Full mailing address must be supplied.** Cheques should be made payable to "Simcoe County Association for the Physically Disabled (S.C.A.P.D.)". Registered Charitable Organization #106773575RR0001  
If more space is required, please feel free to make copies of this form.

<b>SPONSOR'S NAME AND COMPLETE ADDRESS</b> <b>PLEASE PRINT</b>	Amount Pledged eg \$30.00	(Paid)
Name _____		
Address _____ City/Province _____ Postal Code _____		
Name _____		
Address _____ City/Province _____ Postal Code _____		
Name _____		
Address _____ City/Province _____ Postal Code _____		
Name _____		
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Address _____ City/Province _____ Postal Code _____		
Name _____		
Address _____ City/Province _____ Postal Code _____		
Name _____		
Address _____ City/Province _____ Postal Code _____		
<b>TOTAL</b>		

**WAIVER**

In consideration of the acceptance of my application and the permission to participate in the "Sun City Swim - Making Waves" for Simcoe County Association for the Physically Disabled (S.C.A.P.D.) - I, the undersigned, hereby release, waive and forever discharge the organizers, S.C.A.P.D., the sponsors/supporters, the City of Orillia, and their respective employees, agents and representatives of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect to death, injury, loss or damage to my person or property however caused, arising or to arise by reason of my participation in the said event, whether as a spectator or participant or otherwise, whether prior to, during or subsequent to the event and notwithstanding that same may have been contributed to or occasioned by the negligence of the aforesaid. I further hereby undertake to hold and save harmless and agree to indemnify all of the organizers, S.C.A.P.D., the sponsors/supporters, the City of Orillia, and their respective employees, agents and representatives from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event. By submitting this entry, I acknowledge that I have read, understood and agree to the above Waiver, Release and Indemnity. I warrant that I am physically fit to participate in this event.

Signature of Participant _____	Signature of Parent or Legal Guardian if under 18 _____
Print Name _____	Print Name _____
Date _____	Date _____

