



BLUEBERRY SPLASH

blueberrysplash.com
Email: director@blueberrysplash.com

Blueberry Open Water Swim on Myers Lake
Registration

Payments received between: July 1 – August 1, 2017
\$25.00

Payments received between: August 2 – August 15, 2017
\$35.00

Day of Event \$40

T-Shirt size (circle one)

S M L XL XXL

To be guaranteed a T-Shirt, payments must be received by
8/15/17

Name: _____

Address: _____

Phone: _____

Male / Female (Circle one)

Age: _____

All participants under the age of 18 must have parental or guardian consent.

Printed name of parent or guardian

Signature of parent or guardian

Emergency Contact: _____

Amount Included: _____

Please include check or money order and mail to:

Event Director
Blueberry Splash
12086 Peach Road
Plymouth, IN 46563

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

I/we, the undersigned, as group representative, have read and understand all the Rules and procedures for participating in the Blueberry Splash and hereby agree I/we will follow all said rules and procedures while participating in the activities before during and after the Marshall County Blueberry Festival

I/we, the undersigned, as group representative, hereby release, remise and forever discharge Marshall County Blueberry Festival Inc., its officers, and any of the sponsors, severally or jointly, the Marshall County Blueberry Splash committee, and the City of Plymouth, County of Marshall, State of Indiana, of any and all liability, claims, actions and possible causes of action which may occur to any member of the group from every and any loss, damage and injury, including death, that may be sustained while participating in the open water swim.

I/we assume all risk of bodily injury or property damage that I/we may incur in participating in the Marshall County Blueberry Splash and I/we hereby, for myself, my child, my heirs executors, and administrators do hereby, expressly and forever waive and release any and all claims against and agree to hold harmless Marshall County Blueberry Festival Inc., St. Joseph Health Systems, the City of Plymouth, County of Marshall, State of Indiana, and all their respective officers, employees, agents representatives, successors or assigns of any kind from any and all claims which may be made for any cause whatsoever arising as a result or in connection with the participation of me or my child in the herein mentioned event.

I accept the terms of the waiver

NAME of GROUP/INDIVIDUAL: _____

SIGNATURE: _____ DATE: _____

TITLE: _____