



**We Serve**

**WEST KAUAI LIONS CLUB  
ED HO MEMORIAL SWIM MEET  
Adult Application and Waiver of Liability Form**  
Please Complete and Bring for Registration at  
8:00am, Saturday, February 20, 2010

\_\_\_\_\_  
Name of Participant  
\_\_\_\_\_

\_\_\_\_\_  
Phone Number  
**Feb 20, 2010 ~ Waimea Swimming Pool**  
\_\_\_\_\_

Organization Team/ School

Event Date/ Location

Division/Age Group

18 - 25      26 - 34      35 - 49      50 and over

Identify race participating in

Heat #1

Heat #2

Heat #3

Male

Female

I \_\_\_\_\_, understand that I assume the risk of all injuries as a result of competition in the activities of the West Kauai Lions Club and further agree to release the organizers, sponsors, and supervisors from and against all expenses, claims, and demands arising out of or in connection with participation in the Ed Ho Memorial Swim Meet. I hereby give my consent to engage in the Ed Ho Memorial Swim Meet activities. The team physician may treat me whenever necessary and if there is no team physician available, the nearest physician may treat until other arrangements can be made. The coach or trainer may also render first aid if he or she is qualified to do so.

SIGNIFICANT PAST ILLNESS OR INJURIES THAT MAY HAMPER PARTICIPATION AT TIMES  
\_\_\_\_\_

DOES THE PARTICIPANT HAVE ANY ALLERGIES OR REQUIRE ANY SPECIAL MEDICATIONS? YES      NO      (IF YES PLEASES EXPLAIN)  
\_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Each participant will be responsible for his/her own medical insurance. It is understood that the West Kauai Lions Club will not insure the participant nor will it compensate fully or partially for any medical expenses.**