

PBC Ocean Mile Swim Registration Form

NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

AGE ON RACE DAY: _____ MALE: _____ FEMALE: _____

EMERGENCY CONTACT: _____ PHONE: _____

PAYMENT AMOUNT: _____ CHECK: _____ CASH: _____

CREDIT CARD: Complete and include the attached authorization form.

MAIL OR FAX TO: PBC Parks and Recreation, Customer Service Desk
2700 Sixth Avenue South, Lake Worth, Florida 33461
Fax: (561) 963-6725

WAIVER OF LIABILITY:

I, the participant, parent or legal guardian of participant, agree to protect, defend, reimburse, indemnify and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages, or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with agree to hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, due to their acts, errors or omissions resulting in body injury, including death, or damage.

SIGNED: _____ DATE: _____

NOTE: Signature of Legal Guardian is required if applicant is under eighteen years of age.

Permission is hereby granted for _____
to participate in Palm Beach County's Ocean Mile Swim and authorization is hereby given for emergency medical care of said participant.

SIGNED: _____
Parent or Guardian (sign and print name)



Palm Beach County Board of County Commissioners
Melissa McKinlay, Mayor, Mack Bernard, Vice Mayor, Hal R. Valeche,
Paulette Burdick, Dave Kerner, Steven L. Abrams, Mary Lou Berger
Verdenia C. Baker, County Administrator



