



## Marin Open Water Swim Adventures (MOWSA)

### ACCIDENT WAIVER AND RELEASE FROM LIABILITY (AWRL)

January 1, 2024 — December 31, 2024

I understand and agree that in all MOWSA swim events there may be a test of my physical and mental limits. There is the possibility I may suffer property loss, serious injury or death. This could be caused by the terrain, facilities (e.g., entering and exiting the water), water conditions including pollution, temperature, currents and waves, weather, the condition of my equipment, lack of hydration, and/or boat traffic. This could be caused by the actions of other people including but not limited to the participants, volunteers, and spectators. **I HEREBY FREELY AND VOLUNTARILY ASSUME ALL RISKS OF PARTICIPATING IN ALL MOWSA EVENTS FOR THE REMAINDER OF 2024.**

I certify that I am physically fit and have trained and prepared to participate in MOWSA events. I have not been advised not to participate by a qualified medical person. I understand that this Accident Waiver and Release of Liability (AWRL) will be used by this open water swim group and that this is not a North Bay Aquatics or any other Club sponsored event. For considering my application and permitting me to participate in MOWSA events, I agree and in doing so bind my executors, administrators, heirs, next of kin, successors to: (A) Irrevocably and forever waive, release and discharge from any and all claims and liability for my death, disability, personal injury, property damage, property theft or actions of any kind, nature or description which may happen to me while traveling to or from the event, or while participating in the event, or exiting a swim such as on Sam's Anchor Café dock, — MOWSA, its directors, employees, agents, volunteers, and other event participants: (B) Indemnify, defend and hold harmless the individuals and entities mentioned in this paragraph from any and all liabilities or claims made by any other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of accident, injury and/or illness to me during MOWSA events in **2024**. I understand that these events or related activities may be filmed, and I may be photographed before, during, or after this event. I agree to allow my photo, video, or film to be used for any legitimate purpose by the event holders, sponsors, or organizers. This AWRL (Release) will be interpreted broadly to provide a release and waiver to the maximum extent permissible under the law.

I HAVE CAREFULLY READ THIS AWRL AND FULLY UNDERSTAND AND APPRECIATE ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER OF RIGHTS AND A RELEASE OF LIABILITY AND IS A CONTRACT BETWEEN MYSELF AND SWIM EVENT ORGANIZERS, AND I SIGN AT MY OWN FREE WILL.

[CLICK HERE IF EMERGENCY INFO IS CORRECT IN DATABASE \(please verify\).](#)  
**TO UPDATE: ENTER YOUR NAME, DATE, and SIGNATURE TO UPDATE.**

Print Name:

Date:

Signature:

Email:

Cell:

#### EMERGENCY CONTACT INFO

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_

Hospital: Marin Health, Kaiser, UCSF

\_\_\_\_\_

**RETURN: Download, sign, take screen shot or fill in with Acrobat.**

**Text waiver back to Yousuf (714) 458-8865 or email to [yousuf.dalal@gmail.com](mailto:yousuf.dalal@gmail.com)**