



Maui Channel Swim

Established in 1972

DATE OF SWIM: Saturday, September 3, 2022

P.O. BOX 690169
MAKAWELI, KAUAI, HI 96769
(808) 338-0722

2022

OFFICIAL ENTRY AND ROSTER FORM

MUST BE RECEIVED BY JULY 15, 2022

(Complete all sections; copies will be accepted; Signatures of ALL athletes required)

TEAM NAME: _____

DIVISION (check one): OPEN (150+) WOMEN'S OPEN SOLO
 MAKULE (240+) SENIOR MAKULE (300+) GRAND MAKULE (360+) EXTREME MAKULE (420+)
 MIXED (3 MEN/3 WOMEN) MIXED MAKULE (240+ and 3 MEN/3 WOMEN)

#	TEAM MEMBER'S NAME (Please Print or Type)	T-size S-M-L-XL	AGE	Birth Date
1.	Captain:			
Mailing Address:			Home Tel:	
Emergency Contact: Phone:			Work Tel:	
			Email:	
2.	Name: Emergency Contact: Phone:			
3.	Name: Emergency Contact: Phone:			
4.	Name: Emergency Contact: Phone:			
5.	Name: Emergency Contact: Phone:			
6.	Name: Emergency Contact: Phone:			

ADDITIONAL BANQUET TICKETS (i.e., boat captain, spouse, friends, etc.): _____ x \$150.00 per person = \$_____

TEAM CAPTAIN: My signature following indicates that I have read this application in its entirety and understand all of the rules of the race. Further, I acknowledge that in certain cases, failure to comply with the rules can result in my team being disqualified from the race.

Signature: _____

Date: _____



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BOAT CAPTAIN INFORMATION & SAFETY FORM

MUST BE RECEIVED BY JULY 15, 2022

TEAM NAME _____

THIS EXECUTED DOCUMENT IS REQUIRED FOR YOU TO BE ALLOWED TO ESCORT A RELAY TEAM IN THE MAUI CHANNEL SWIM. YOUR SIGNATURE INDICATES THAT YOU HAVE REVIEWED AND UNDERSTAND THE INFORMATION AND RULES CONTAINED HEREIN, IN THE ENTRY INSTRUCTIONS AND/OR DISCUSSED WITH YOU BY THE TEAM CAPTAIN AND THAT YOU AGREE TO COMPLY WITH ALL RACE RULES AND REGULATIONS. YOU WILL BE EXPECTED TO ATTEND THE SATURDAY NIGHT MEETING AT THE SHERATON FOR FINAL REVIEW AND QUESTIONS.

Boat Captain/Owner: _____
(Print Name)

Address: _____

Name of Boat: _____

Telephone Number: (____) _____

Boat Registration Number: HA-_____

Email Address: _____

Signed: _____
(To be signed by Team Captain)

Date: _____

Team Captain: _____
(Print Name)

*(Send original to Coco Emberson at PO Box 169, Makaweli, HI 96769 and send a copy to the team captain.
An executed copy of this document is required to be received by Coco prior to the race in order for you to escort a team.)*



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ACKNOWLEDGEMENT
of
MAUI CHANNEL SWIM RULES

TEAM NAME: _____

I HAVE REVIEWED THE **MAUI CHANNEL SWIM RULES** AND UNDERSTAND THEM, and I HAVE REVIEWED THE RULES WITH MY BOAT CAPTAIN TO INSURE HIS UNDERSTANDING. FURTHER, I AGREE TO COMPLY WITH ALL RACE RULES AND INSTRUCTIONS, and I HAVE RECEIVED MY BOAT CAPTAIN'S POSITIVE AFFIRMATION THAT HE/SHE WILL ALSO COMPLY WITH ALL RACE RULES AND INSTRUCTIONS.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ARRANGE THE TIME AND LOCATION AT WHICH MY TEAM IS TO BOARD THE ESCORT BOAT ON RACE DAY. RACE COMMITTEE HAS NO RESPONSIBILITY IN THIS MATTER.

Signature of Team Captain

Date



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LIABILITY RELEASE FORM

Competitors recognize that this is the longest Open Water relay race in the world that brings unique difficulties not found in other Open Water competitions. THIS SHALL INCLUDE THAT IN CONSIDERATION OF THE COMPETITORS' PARTICIPATION IN THE EVENT, THE ORGANIZERS SHALL EXERCISE THEIR BEST EFFORTS AND DUE DILIGENCE TO PROVIDE REALISTIC RESCUE AND RELATED ASSISTANCE TO AND AS REASONABLY REQUIRED BY ANY COMPETITOR. AND THAT, DESPITE HAVING DONE SO, COMPETITORS WAIVE ANY CLAIM AS MIGHT BE HAD BY ANY ONE OF THEM FOR ANY FAILURE BY THE RACE ORGANIZERS TO HAVE PROVIDED SUCH ASSISTANCE WHICH TURNED OUT NOT TO BE EFFICACIOUS IN PREVENTING HARM, INJURY OR DEATH TO ANY COMPETITOR.

Due to the extended exertion, potentially hazardous ocean conditions, and possible interactions with ocean creatures in the hot sun and strong winds that put the body under stress, and that you may be far from immediate medical care while out to sea, I understand that I should consult a physician before participating in this race.

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Open Water Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE OPEN WATER SWIMMING EVENT OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: WORLD OPEN WATER SWIMMING ASSOCIATION, HOST FACILITIES, EVENT SPONSORS, EVENT COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE EVENT OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of WOWSA. Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming and agree to assume those risks.

TEAM NAME: _____

1. Signed: _____

2. Signed: _____

Print: _____

Print: _____

3. Signed: _____

4. Signed: _____

Print: _____

Print: _____

5. Signed: _____

6. Signed: _____

Print: _____

Print: _____



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APPLICATION CHECKLIST

A. Official Entry & Roster Form:

- a. Team Name and Division _____
- b. Participant Data _____
- c. Emergency Contact Data _____
- d. Team Captain Signature _____

B. Executed Liability Release Form 1 2 3 4 5 6

C. Executed Page 3 of 3 of Maui Channel Swim Rules Team Captain

D. Executed Boat Captain Information & Safety Form Boat Captain

E. Check for Entry Fee _____

**MAIL TO RACE
DIRECTOR AS
SOON AS POSSIBLE**

**ALL ITEMS MUST BE COMPLETE
MUST BE LEGIBLE
MUST BE MAILED (No Emails or Facsimiles)
Or
APPLICATION WILL BE REJECTED**