

For Office Use Only
 Rec'd _____
 Receipt # _____
 Medical _____



Please Note:
 (some events)
Picture ID
required at
check-in

WATER WORLD SWIM
5th ALCATRAZ WINTER SWIM ANNUAL APPLICATION
SATURDAY JANUARY 7, 2012

Last Name First Name

Mailing Address

City State Zip Code

Country Date of Birth / / 19 Age RaceDay

Home Phone / / Cell Phone / /

E-mail

Emergency Contact

Emergency Contact Phone / / Name of Club you Hold membership

DIVISION: MALE FEMALE WETSUIT SKIN (Non-Wetsuit)

T-SHIRT SIZE S M L X

ANY MEDICAL CONDITION? YES NO **ALLERGIES?** YES NO

IF YES Briefly Describe _____

FEES ARE NOT REFUNDABLE OR TRANSFERABLE . - VISIT OUR WEBSITE FOR REFUNDS POLICY

FOR EVENT FEES VISIT OUR WEBSITE ENTRY FEE \$.

EXTRA EVENT T-SHIRT Q x \$ 30.00 M L X \$.

Total Fees Sent \$.

AMEX MC VISA DISCOVER

Card No Exp.Date M M / Y Y

**ALL SWIM PARTICIPANTS MUST READ, COMPLETE, AND SIGN PAGE 1 and 2 OF THIS REGISTRATION-
 IF PAGE 2 IS NOT COMPLETE OR SIGNED, APPLICATIONS WILL BE RETURNED
 IF APPLYING FOR MORE THAN 1 EVENT YOU CAN SIGN ONLY 1 TIME PAGE 2 -**

Please make checks /money orders payable to: Water World Swim, LLC
 Mailing Address: 145 Corte Madera Town Center, No.495 – Corte Madera, CA94925
 Web Site: www.waterworldswim.com E-Mail: info@waterworldswim.com
 Phone: (415) 384-0318 Fax: (415) 236-6185



**WATER WORLD SWIM
FIFTH ANNUAL WINTER ALCATRAZ SWIM APPLICATION 2012
JANUARY 7, 2012**

I _____ (name) UNDERSTAND THAT TO ENTER THIS SWIM I MUST HAVE QUALIFIED OR SHOW PROOF OF SWIMMING COMPETENCE, ACCORDING TO THE RULES AND STANDARDS REQUESTED BY WATER WORLD SWIM, LLC. OR I HAVE PARTICIPATED IN THE FOLLOWING WATER WORLD SWIM, LLC EVENTS OR OPEN WATER COMPETITIONS: (CHECK ALL BOXES REQUIRED)

ALCATRAZ 100 SWIM WITH THE CENTURIONS	09 10 11 [][][]	SWIM AROUND THE ROCK (Around and Back Alcatraz)	09 10 11 [][][]
ALCATRAZ CLASSIC OR WWS ANY MONTHLY ALCATRAZ	09 10 11 [][][]	T.A.G. TOUCH AND GO (Swim to Alcatraz Touch & Back)	09 10 11 [][][]
GOLDEN GATE BRIDGE	09 10 11 [][][]	A WATER WORLD QUALIFIER OR CLINIC	09 10 11 [][][]

NAME ANY OTHER OPEN WATER SWIM EVENT(S)-YOU PARTICIPATED PLEASE ADD NAME -PLACE AND YEAR

Name of event	Place	Year
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CAN YOU SWIM CONTINUOUSLY 1.5 TO 2 MILES "FREESTYLE" IN THE POOL? (check one) YES NO
(OR FOR AN AVERAGE OF 70 LAPS in a 25 yds Pool) OR SWIM FOR ONE STRAIGHT HOUR.
AND/OR BRIEFLY DESCRIBE YOUR PRESENT TRAINING OR OPEN WATER SWIM EXPERIENCE

EXPRESS ASSUMPTION OF RISK - WAIVER AND RELEASE OF LIABILITY
ASSUMPTION OF THE RISKS OF BAY SWIMMING: Bay swimming is inherently dangerous. Bay swimmers have been injured and killed. For example, a fishing boat once killed a swimmer. Sea lions and other marine animals have attacked swimmers. Swimmers have been injured by objects in the water, both floating and fixed. There may be health hazards associated with pollution in the Bay. Bay currents, often more powerful than the strongest swimmer, are unpredictable and have swept swimmers off course. BAY WATERS ARE COLD. Temperatures typically range between 45 and 61 degrees Fahrenheit. Swift currents and cold water have precipitated drowning, heart attacks and hypothermia. There are just some of the hazards and dangers associated with Bay swimming.

I UNDERSTAND AND ASSUME ALL RISKS ASSOCIATED WITH SWIMMING IN THE BAY _____ initials
WAIVER AND RELEASE OF WWS, LLC: On behalf of my heirs, assignees, personal representative, and next of kin, I hereby release and hold harmless Water World Swim Clinics Organization, its officers, members, officials, agents and employees and other participants, with respect to all injury, disability, death, or loss, injury or damage to me or my property, whether arising from the negligence of the WWS, its members or officers, or otherwise.
By signing this waiver and release, I certify that I understand that I cannot sue any person, instructor or coaches or those who act on behalf of the Open Water World Swim organization or those who may have authority over the company, and no one else can sue on my behalf. _____ (please initial)

Signature _____

Signed on [][] / [][] / [][][][]
 (M M) (D D) (Y Y Y Y)

Print Name _____

Date of birth [][] / [][] / 1 9 [][][]

***if minor, must have signature of guardian, letter from certified coach assuring minor swimming abilities plus proof of insurance**

POLICIES
 In consideration of the acceptance of my entry in any Water World Swim, LLC open water swim:
 1. I hereby agree to comply with all the rules and regulations and event instructions of Water World Swim, LLC and its Directors
 2. I hereby attest and verify that I am physically fit and have sufficiently trained for open water swimming and that my physical condition is in optimal conditions
 3. I hereby consent to be stop swimming by any officer that may consider or which may be deemed advisable in the event of injury, accident or illness during any of any Water World Swim, swimming event.
 4. I hereby agree that in the event of a race cancellation due to conditions beyond the control of Water World Swim, LLC, including but not limited to a storm, rain, inclement seas or weather, winds, "Acts of God", "acts of Terrorism" or other conditions, my entry fee shall be non-refundable.

INITIALS _____