



WATER WORLD SWIM, LLC WAIVER AND NON-HARMLESS DATE ____/____/ 2010

145 Corte Madera Town Center # 495 -Corte Madera – California 94925 -Phone: 415-384- 0318

www.waterworldswim.com

REGISTERING FOR: ALCATRAZ CLINIC ____ ALCATRAZ SWIM ____ SUNDAY 10:00 A.M ____
(Check as many required)

THURSDAY 6:00 P.M. ____ SWIM EVENT ____ SWIM CLINIC ____

Name _____ / _____ Phone (____) - _____ - _____
First Last Area Code Phone No. (best to be reached)

Address _____ City _____ ST _____ Zip _____

E-mail: _____ **Your Age Group:** Under18/18-25 /26-35/36-45/46-55/ 56-65+
Please Print Clearly (Circle One)

IN CASE OF EMERGENCY CONTACT: Name _____ Phone:(____)-____-_____
Please Print Clearly Area Code Phone No

SWIMMING EXPERIENCE: None ___ /Pool___/ Competitive___/ Triathlons ___/ Member of Any Club? _____
(check as many you need) Name of Club City

CAN YOU SWIM A MILE IN THE POOL? YES ___ NO ___ Speed: *(check one)* SLOW ___ MEDIUM ___ FAST ___ C P R? YES ___ NO ___

TRAINING FOR AN EVENT? _____ When? _____ ANY EXPERIENCE: Surfing / Rowing / Kayaking/ None
(Name a main event involving swimming) (Month) (circle as many you need)

In Open Water -Swimming preference - Check one or both - Wetsuit _____ Non-WS _____

ANY MEDICAL CONDITION ? Yes ___ No ___ *IF YES- (OPTIONAL briefly describe)* _____
If necessary pls. call phone 415.384.0318

ALLERGIES? Yes ___ No ___ *IF YES (describe in case of emergency)* _____

DO YOU HAVE MEDICAL INSURANCE? Yes ___ No ___ *IF YES, please name company-(Optional)* _____

*Would you like to receive Water World Swim Newsletter? YES ___ NO ___ Already get it ___
Newsletter includes special swimming events and training session dates*

WATER WORLD SWIM,LLC –WAIVER AND RELEASE OF LIABILITY 2010

The purpose of this agreement, waiver and release is: (1) to inform you of some of the risks that you assume by swimming in the San Francisco Bay; (2) to release any employee or person affiliated with these clinics from liability for any injuries, losses or damages arising out of your decision to swim in the Bay or use the any of the vessels assisting the clinics.

EXPRESS ASSUMPTION OF RISK

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.

WAIVER AND RELEASE OF WWSC: *On behalf of my heirs, assignees, personal representative, and next of kin, I hereby release and hold harmless Water World Swim, LLC 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,LLC 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, LLC organization or those who may have authority over the company, and no one else can sue on my behalf.

x _____ (please initial)

SIGNATURE x _____ PRINT NAME X _____

DATE OF BIRTH ____/____/ 19____ DATE SIGNED ____/____/____

**if minor (under 18), signature of parent or guardian, swimming ability certificate by certified coach, and show proof of medical or hospital insurance.*

**AFTER FILLED AND SIGNED, WAIVER CAN BE SENT VIA FAX, PRIOR TO SWIM SESSION
FAX No. 415.236-6185**