



Swimmer # _____

WaveOne Swimming

2010 Open Water Clinics and Swims

with

United States Open Water Swimming Association

Name: _____ DOB: _____ Age: _____

(Optional) Street Address: _____

City: _____ State: _____ Zip: _____ Gender: M F

E-mail: _____

Mobile Phone #: _____ Home Phone (opt) # _____

Club: Swim _____ Triathlon: _____ Other: _____

Member of: USOWSA _____ USMS _____ USAT _____ USA Swimming _____

Emergency Contact: _____ Phone: _____

Please read and sign: LIABILITY RELEASE

“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 Masters and Open Water swimming (training and competition), including possible illness and infection, permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS and/or OPEN WATER SWIMMING PROGRAMS 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: UNITED STATES OPEN WATER SWIMMING ASSOCIATION, UNITED STATES MASTERS SWIMMING INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, INCLUDING CURL-BURKE MASTERS, CURL BURKE SWIMMING, FEEL THE WATER, LLC, WAVEONE SWIMMING, BODY GLOVE INTERNATIONAL, INC., SETUP EVENTS, HOST FACILITIES, SANDY POINT STATE PARK, GUNSTON MANOR PROPERTY OWNERS ASSOCIATION, INCLUDING ITS OFFICERS, MEMBERS AND RESIDENTS, SWIM OR CLINIC SPONSORS, SWIM OR CLINIC COMMITTEES OR ANY INDIVIDUALS OFFICIATING AT THE EVENTS OR SUPERVISING OR INSTRUCTING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS AND USOWSA. **Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming and I agree to assume those risks.**”

Please read and sign: AUTHORIZATION AND EVENT PROMOTION:

I, the enrolled participant agree to be filmed, photographed, taped, quoted or otherwise mentioned (without compensation) by the Event Director (also known as Instructor or Meet Director), or by anyone authorized by the Event Director. This includes but is not limited to the official and authorized photographers, writers, hosts, or sponsors of this event under the conditions authorized by the Event Director. I give the Event Director, and anyone authorized by the Event Director, the right to use (without compensation) my name, picture, likeness, quotes, and biographical information, whether audio or visual, before, during and after the period of my individual or team participation in this event. I give permission for receiving updates, news and other information from the Parties associated with this event unless otherwise indicated. I will not promote third party sponsors, causes, or charities unless pre-approved by the Event Director. I understand that there will be no refunds given for any reason including event cancellation.

___ I do **not** wish to receive and correspondences from any of the parties associated with this event.

Swimmer’s Signature: _____ Date: _____

Parent’s Signature if swimmer is under 18: _____ Date: _____

SWIM SAFE!