

# Open Water Swim Clinics – 2017 Registration, History & Waiver



Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_\_\_  
Address \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone # ( ) \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_  
E-Mail address \_\_\_\_\_  
USAT Member No: \_\_\_\_\_

*(If not a Member you must purchase a One-Day or Annual License to participate in this clinic).*

**Clinic Dates:** *(choose dates attending)*  June 10, 2017  July 15, 2017  August 19, 2017

**Per Clinic Cost:** \$20.00      **USAT License:** *Adult* \$15.00 – One Day      \$50.00 Annual  
*Junior* - \$10 Annual

**Total Amount Paid:** \$ \_\_\_\_\_      Paid by:    Cash    Check No. \_\_\_\_\_    Online

How did you hear about the open water swim clinic? \_\_\_\_\_  
\_\_\_\_\_

What events/races do you have scheduled for the 2016 season that will include Open Water Swimming?  
\_\_\_\_\_

When did you last swim in open water? \_\_\_\_\_

How far or long did you swim in your last open water swim? \_\_\_\_\_

The water temperature for the swim may be as low as 65 degrees Fahrenheit. Wet suits are strongly recommended at this water temp. Do you have a wet suit? \_\_\_\_\_

Does your physician know you are planning to swim in cold open water? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Address: \_\_\_\_\_  
\_\_\_\_\_

Physician's Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

In case of an emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

I know that participating & volunteering in exercise training is a potentially hazardous activity. I should not enter and participate in these activities unless I am medically able and properly trained. I agree to abide by any decision of a coach, clinic or event official relative to my ability to safely complete an event. I assume all risks associated with swimming and other group activities including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, all such risks being known and appreciated by me. I understand that I will be swimming in open water such as a lake, pond or river, and warrant that I am fit and able to do so and have had practice on previous occasions of this type of swimming. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release FIT FUNDamentals and all sponsors, their representatives and successors, from all claims or liabilities of any kind ensuing out of my participation in these group activities even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver.

I hereby grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other record of this or any other event for any legitimate purpose.

SIGNATURE: \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

**PERSON UNDER 18 YEARS OLD MUST BE A USA SWIM MEMBER AND BRING MEMBERSHIP CARD WITH THEM TO THE SWIM.**

USA SWIM MEMBER # \_\_\_\_\_

**PARENT / GUARDIAN must sign for Child under 18 years old AND BE PRESENT THE ENTIRE TIME OF THE OPEN WATER SWIM CLINIC.**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

DATE: \_\_\_\_\_

**Return to:** FIT FUNDamentals  
2105 Golf Course Rd, Suite A  
Rio Rancho, NM 87124