



water world swim  
www.waterworldswim.com

**2014-2015 CHILE SWIMS  
WATER WORLD SWIM, LLC APPLICATION  
EXTREME SWIMMING QUESTIONNAIRE**  
-Strait of Magellan\_\_  
-Beagle Channel \_\_  
-Cape Horns or Antarctica\_\_

*(Check as many of the swim crossings you are applying for)  
For Cape Horn or Antarctic an additional application must be requested.*

**Cover**

**Page 1- Swimmer Questionnaire**

**Page 2- Swimmer Questionnaire-(cont.)**

**Page 3- Personal patterns Questionnaire (cont.)**

**Page 4- Personal patterns Questionnaire (cont.)**

**Page 5- Water World Swim, LLC Waiver/Release**

**Page 6- Physician's medical release**

*(Medical release required by the Local Authorities  
supporting this swim and WWS)*

**ADDT'L DOCUMENTS MUST BE SUBMITTED BEFORE THE SWIM:**

- AN EKG (Electrocardiogram)
- Exercise Stress Test

*(Both tests must be submitted within 6 months before the date of the swim)*

**INCLUDE TWO PHOTOGRAPHS, PASSPORT SIZE**

*Please send them by mail with your name and passport no. on back*

**\*AN INITIAL PAYMENT AND DEPOSIT METHODS FORM WILL BE SENT TO  
THE SWIMMER ONCE THE APPLICATION HAS BEEN REVIEWED BY  
WATER WORLD SWIM COACH TEAM AND CHILEAN AUTHORITIES--**

**NOTE:**

*This is a confidential application, a document required by Water World Swim, LLC , and by the local authorities where the swims will take place and after being reviewed and approved by a WWS coaching team, it will be submitted to the authorities of the country where the swim(s) will take place, After the reviewing and final approval, those authorities will approve also the necessary support to the swim(s).*

**MINORS ADDITIONAL DOCUMENTATION – If the swimmer applying to any of these swims is a minor under 18 years old, all documentation must be accompanied by a letter from a parent or guardian authorizing their child to swim in dangerous, high risk waters and acknowledging their risks. Parents must add documents and application with their photocopy of a local valid license, a letter of recommendation by a Certified Coach with a valid and recognized swimming association license and Hospital or Medical Insurance INTERNATIONAL TRAVEL INSURANCE.- An authorized family or relative must travel with the minor. – If a coach or coaches are authorized to travel with the minor they must carry at all times, written legal authorization signed by the parents and with a Non-Fault Harmless Waiver signed.**



## WATER WORLD SWIM, LLC LONG DISTANCE SWIM QUESTIONNAIRE

Water World Swim, LLC is committed to being a leader in internet and information privacy. As such we will not share any personally identifying information with anyone. We will use some information for statistical analysis, but never anything personally identifiable.

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_  
(if minor, must also fill up page 5)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/yr. \_\_\_\_\_ Age at time of event \_\_\_\_\_

Phone: Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Area code area code area code

Fax No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Full time student \_\_\_\_\_ Full time job \_\_\_\_\_  
(Check one)

Profession or work \_\_\_\_\_ Own Business: \_\_\_\_\_ Work at Home \_\_\_\_\_

Work Location : City \_\_\_\_\_ St \_\_\_\_\_ Country \_\_\_\_\_ Commuting time \_\_\_\_\_

If you are presently a student (check one): Middle \_\_\_\_\_ H.S. \_\_\_\_\_ College \_\_\_\_\_ Grad School \_\_\_\_\_

### IN CASE OF EMERGENCY please list two contact persons:

1.-Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_

Phone (can be easily reached) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

2.- Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_

Phone (can be easily reached) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_



Page 2 of 6 – Continuation-General Questionnaire

**Name and address of your family/personal physician**

Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Clinic/Hospital Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Country \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**NAME OF EVENT(S) YOU WILL BE SWIMMING**

**SWIM PLACE (S)**(St. Magellan)\_\_\_\_(Beagle Channel)\_\_\_\_(Cape Horn) **When?** \_\_\_/\_\_\_/20\_\_\_  
(Check as many necessary) If needed more space please write on the back of this page

**GEOGRAPHIC LOCATION:** Extreme Southern Hemisphere, **COUNTRY(ies) :**

**SWIMMER'S BACKGROUND QUESTIONNAIRE**

What age were you when you started swim? \_\_\_\_\_ (yrs old)

Where did you learn how to swim ? Pool \_\_\_\_\_ Lake \_\_\_\_\_ Ocean \_\_\_\_\_

At what age did you start doing recreational sports? At \_\_\_\_\_ (yrs old)

ARE YOU PRESENTLY ACTIVE IN ANY OF THESE SPORTS OR REGULARLY PRACTICE:  
(check as many required )

RUNNING \_\_\_\_\_ SWIMMING \_\_\_\_\_ BIKING \_\_\_\_\_ ROWING \_\_\_\_\_ HICKING \_\_\_\_\_

SWIMMING: \_\_\_\_\_ YOGA \_\_\_\_\_ OTHER DISCIPLINED SPORT? please name \_\_\_\_\_

IF NONE: WHAT IS YOUR PASTIME?: \_\_\_\_\_

DO YOU PRESENTLY HAVE A COACH FOR ANY OF THESE SPORTS MENTIONED? \_\_\_\_\_

IF YES, Please tell us what sport (s) ? \_\_\_\_\_

Are you presently receiving professional coaching? Name of coach: \_\_\_\_\_

IF you are receiving professional coaching, how many days a week or days a month you train with your coach? \_\_\_days a week - \_\_\_days a month \_\_\_days a year \_\_\_never on year \_\_\_

Have you done extreme swims?: \_\_\_\_\_ (If yes) When?: day \_\_\_/mo \_\_\_/yr \_\_\_\_\_

Where?: \_\_\_\_\_ Distance \_\_\_\_\_ Water Temp (average) \_\_\_\_\_



Page 3 of 6– Continuation-General Questionnaire

**What are your sleeping patterns?**

How many hours do you usually sleep per night on the average? \_\_\_\_\_.

Do you wake up feeling rested? \_\_\_\_\_

Do you take any sleeping aid? \_\_\_\_\_ What do you usually take for any pain: \_\_\_\_\_

Are you presently taking any prescription medicine?

Please list prescription medicines: \_\_\_\_\_

Please describe your activities during a typical week:

*(Describe your work or school situation, lunch time, after work/school activities, dinner time, gym routine or exercise time. Please use the reverse side of this page for additional space.)*

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**Are you presently participating in a swim program?** *(Check those applicable)*

Masters \_\_\_\_\_ Open Water \_\_\_\_\_ Water Polo \_\_\_\_\_ Triathlon Swim \_\_\_\_\_

I am presently taking swim lessons to improve technique or improve speed \_\_\_\_\_

How would you describe your swimming ability?

slow \_\_\_\_\_ fast \_\_\_\_\_ average \_\_\_\_\_ close to be a pro \_\_\_\_\_ long distance with good endurance \_\_\_\_\_

weak swimmer \_\_\_\_\_ experienced in pool \_\_\_\_\_ experienced in open water \_\_\_\_\_ no experience \_\_\_\_\_

new to open water swimming \_\_\_\_\_

Are you participating in a Master's swim program?

Pool Name \_\_\_\_\_ where? *(city/town)* \_\_\_\_\_ State: \_\_\_\_\_

If you are swimming in an open water swim program: (where): City/town \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

How many times a week? Pool At \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Weekly average yards or meters swimming in pool \_\_\_\_\_



Page 4 of 6 – Continuation-General Questionnaire

Average distance or time in open water : \_\_\_\_\_

When did you decide to participate in this extreme swim?: \_\_\_\_\_

What influenced your decision? \_\_\_\_\_

Why do you want to participate in this extreme swim? Please explain \_\_\_\_\_

Your swim event will take place in : \_\_\_\_\_ Country \_\_\_\_\_ date \_\_\_\_ / \_\_\_\_

Estimated distance of the swim \_\_\_\_\_ miles or kms

Have you done any research of the area or oceans you will be swimming?: Yes \_\_\_\_ None \_\_\_\_

What is the estimated air temperature at the time of your swim? (F or C) \_\_\_\_\_

What is the estimated water temperature at the time of your swim? (F or C) \_\_\_\_\_

How many companions you will have in this swim trip? \_\_\_\_\_ (including) Spouse \_\_\_\_ Partner \_\_\_\_

Family \_\_\_\_ Best Friend \_\_\_\_ Team \_\_\_\_ Pacer \_\_\_\_ Parents \_\_\_\_ Guardian \_\_\_\_

#### TRAVEL INFORMATION:

Passport #. \_\_\_\_\_ Country \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(please include a photo-copy of your passport to submit to local authorities)

Chile\_Embassy or Consulate address in your city: \_\_\_\_\_

City: \_\_\_\_\_ Country \_\_\_\_\_ Phone: \_\_\_\_\_

Embassy or Consulate or Representative in Chile: address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Phone: \_\_\_\_\_

#### LOCAL PRESS/MEDIA/TV

Name Newspaper(s) and website(s) in your City or Town \_\_\_\_\_  
Use back of sheet if necessary

Name T.V. Stations :(news/ sports) in your City or Town: Channel \_\_\_\_ Name \_\_\_\_\_

Other Media \_\_\_\_\_



Page 5 of 6-Waiver and Release of Water World Swim, LLC

This is a statement in which you are informed of some potential risks involved in open water swimming and of the conduct required of you during the long distance open water training program.

Your signature on this statement is required for you in order to participate in our open water swim training program offered by Water World Swim, LLC, located in the City of San Francisco, California, USA, Valparaiso, Punta Arenas, Tierra del Fuego , Chile, Italy, and UK.

**To the Participant:** ( You will be asked to sign a waiver with the following terms)

**ASSUMPTION OF THE RISKS OF COLD WATERS SWIMMING:** Swimming in cold waters is inherently dangerous. There have been swimmers that have died due to long exposure to cold water and suffered hypothermia. Also some swimmers swimming in rough open waters in different parts of the world have found obstacles or encounters with wild marine animals that in some instances have attacked swimmers. Swimmers have been injured by objects in the water, both floating and fixed. There may be health hazards associated with pollution and currents, often more powerful than the strongest swimmer, are unpredictable and could swept swimmers off course.

**OPEN WATERS IN SOME REGIONS OF THE WORLD ARE EXTREMELLY COLD.** Temperatures typically range between 40 and 50 degrees Fahrenheit (4.5 C-10 C) . Swift currents and cold water have precipitated drowning, heart attacks and hypothermia. These are just some of the hazards and dangers associated with Bay swimming.

**I UNDERSTAND AND ASSUME ALL RISKS ASSOCIATED WITH SWIMMING IN OPEN AND COLD WATERS**

**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) **(If Minor, parents must add photo or copy from a valid license)**

The information I have provided about my swimming and physical history is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if applicant  
Is a minor

\_\_\_\_\_  
Date



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Page 6 of 6- Physician Impression- **C O N F I D E N T I A L** to be sent directly by Physician to WWS.

**PHYSICIAN'S APPROVAL FOR SWIMMER SWIMMING IN COLD OPEN WATER FOR PERIODS OF NOT MORE THAN 2 Hrs. WATER APPROXIMATELY 5.5 Deg C.( 42 F)to 7 Deg C (44.5F)**

Physician's Impression **(please check or initial one)**

\_\_\_\_\_ I, Dr. \_\_\_\_\_ find no medical conditions that I consider  
Check here

incompatible with my patient, Mr/Ms \_\_\_\_\_ swimming in open water below  
60 deg Fahrenheit (-15.6 C) for periods not longer than \_\_\_\_ hours.

\_\_\_\_\_  
Physicians signature Date

\_\_\_\_\_ I am unable to recommend my patient \_\_\_\_\_ participate in open  
Check here  
water swimming in water temperatures 60 F (-15.6C) or lower for periods not longer than 3 hrs.

Physician Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature or Legal Representative of Medical Practitioner

Physician's name \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_

Country \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

*The person applying for any of these extreme swims must submit together with this application or with this Doctor Certificate an EKG and a Physical Stress Test done recently within 6 months before the swim*

\_\_\_\_\_  
Physician's Signature Date

*Note to the physician: Please send this page (No.6) with your final opinion to Water World Swim, LLC ,  
145 Town Center – No. 495- Corte Madera, CA 94925 Att'n: Coach Pedro Ordenes or Fax: to 415.236.6185*