



water world swim
www.waterworldswim.com

WATER WORLD SWIM, LLC APPLICATION LONG AND EXTREME LONG DISTANCE SWIMS

- Swimmer Application Questionnaire
- Water World Swim, LLC Waiver/Release
- Physician's medical release

APPLYING FOR: RELAY _____ SOLO _____ GROUP _____ Swim

INCLUDE TWO PHOTOGRAPHS, PASSPORT SIZE -OR PRINTED
Please send them by mail with your name and passport no.on back

NOTE:

THIS IS A CONFIDENTIAL APPLICATION DOCUMENT REQUIRED BY WATER WORLD SWIM,LLC FOR REVIEWING AND SUBMIT IT TO THE PROPER AUTHORITIES OF THE COUNTRY WHERE THE SWIM(S) WILL TAKE PLACE, FOR THEIR REVIEWING, APPROVAL AND PROVIDE THE PROPER SUPPORT TO THE EVENT.

ADDITIONAL DOCUMENTATION (Include minors)

ANY SWIMMER CONSIDERED OR APPROVED BY THE LOCAL CHILE AUTHORITIES MUST COMPLY WITH ALL HEALTH AND COVID -19 PROTOCOLS. MUST HAVE ALSO COVID INSURANCE REQUIRED BY THE NATIONAL HEALTH AUTHORITIES. IF SWIMMER APPLYING IS A MINOR, ALL DOCUMENTATION MUST BE ACCOMPANIED BY LETTER FROM BOTH PARENTS OR GUARDIAN, AUTHORIZING THEIR CHILD TO SWIM IN DANGEROUS HIGH RISK WATERS AND ACKNOWLEDGING THE RISKS-. PARENTS MUST ADD DOCUMENTS WITH THEIR PHOTO FROM A LOCAL VALID LICENSE. - APPROVAL FROM A CERTIFIED COACH WITH A VALID RECOGNIZED SWIMMING ASSOCIATION LICENSE. - HOSPITAL OR MEDICAL INSURANCE. COVID VACCINE CERTIFICATION A PARENT OR GUARDIAN MUST ACCOMPANY A MINOR DURING THE SWIM.

INTERNATIONAL TRAVEL INSURANCE.- FAMILY, RELATIVES OR ANYONE ACCOMPANYING THE SWIMMER MUST COMPLY WITH ALL SAME HEALTH PREVENTION REQUIREMENTS TO ENTER THE REGION OR THE COUNTRY - IF COACH(es) ARE AUTHORIZED TO TRAVEL WITH MINOR, THEY MUST CARRY AT ALL TIMES LEGAL AUTHORIZATION SIGNED BY THE PARENTS AND WITH A NON-FAULT HARMLESS WAIVER SIGNED.

APPLICATION FOR SWIM: _____ **Place** _____
Name of Swim or where/ Distance (Kms/Miles) City or Country

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 _____
(if minor, must also fill up page 5)

Address _____ City _____ State _____ Country _____

Date of Birth _____ Age at time of event _____

Phone: Home _____ Cell _____
Email: _____ Country -Area code Number _____ Country -area code _____

Profession or work _____ Own Business: _____ Work at Home _____ Retired _____

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

Have you had any medical or heart condition in the past that could affect your swim? No _____ Yes _____

If Yes, please describe _____



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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: _____

Name and address of your family/personal physician

Physician Name _____

Address: _____ City _____ St. _____ Country _____

Date of last physical examination _____

Clinic/Hospital

Address: _____ City _____ St. _____ Country _____

Phone () _____ Email: _____

SWIMMER'S BACKGROUND QUESTIONNAIRE

Are you presently active on other disciplined sport? No _____

IF YES, what sport (s) ? _____

Are you presently receiving professional coaching? Name of coach: _____

IF you are receiving professional coaching, how many days a week you train? _____ days a week –

Have you done extreme swims?: _____ (If yes) When?: _____

Where?: _____ Distance _____ Water Temp (average) _____

Are you presently taking any prescription medicine?

Please list prescription medicines: _____

Have you been Vaccinated against Covid-19 ? 1 or 2 Doses _____ Booster Shot ? _____



SWIM PREPARATION

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

Masters _____ Open Water _____ Triathlon Swim _____

How would you describe your swimming ability?

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

Average distance /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 _____

_____ 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 _____

T-Shirt Size : S _____ M _____ L _____ XL _____ XXL _____

TRAVEL INFORMATION: (FOR OVERSEAS SWIMS)

Passport #. _____ Country _____ Expiration Date _____

(please include a photocopy of your passport to be submitted to local authorities)

Embassy or Consulate of the country you are visiting in your city:

Address: _____ City _____

Country: _____ Phone: _____

Country Code – area code and Number

Embassy or Consulate or Representative of your Country in Country you are visiting:

Address _____ City _____

Country: _____ Phone: _____

Country Code – area code and Number

LOCAL PRESS/MEDIA/TV

Name T.V. Stations :(news/ sports) in your City or Town and other Media : _____



WAIVER

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 event or 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 Galapagos.

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 sweep swimmers off course. **INITIALS** _____

OPEN WATERS IN SOME REGIONS OF THE WORLD ARE EXTREMELY 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. **INITIALS** _____

I UNDERSTAND AND ASSUME ALL RISKS ASSOCIATED WITH SWIMMING IN OPEN AND COLD WATERS -- INITIALS _____

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 _____ **(INITIALS)**

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



CONFIDENTIAL to be sent directly by Physician to Info@waterworldswim.com

PHYSICIAN'S APPROVAL FOR SWIMMER SWIMMING IN COLD OPEN WATER LONG PERIODS OF TIME.

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

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

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

Check here I am unable to recommend my patient _____ participate in open

water swimming in water temperatures 60 F (-15.6C) or lower for extended periods of time.

Physician Remarks:

Physician's Signature or Legal Representative of Medical Practitioner

Physician's name _____ LIC# _____

Clinic/Hospital _____

Address _____ City _____ St. _____

Country _____ Phone () _____

Physician's Signature Date

Note to the physician: send hard copy to Water World Swim, LLC 145 Town Center – No. 495- Corte Madera, CA 94925 or **email attachment to** : info@waterworldswim.com