

2011 Distance Swim Challenge Register Today

Venice, CA: August 21, 2011

Race Day Schedule

6:30am - 12.6 & 4.8 Individual & Relays

7:00am - 2.4

8:30am - 1.2

9:15am - 500m Fun Swim (time subject to change)

Registration forms must be received by 5pm on August 18, 2011.

Email, Mail or Fax to: [OptimisSport Events](http://OptimisSport.com)

Email: register@distanceswimchallenge.com Fax: (310) 230-2789

Mail to: Jessica Eastman at 200 Mantua Road Pacific Palisades, CA 90272

Once you mail this form in, you are officially entered.

Sanctioned by Southern Pacific Masters Swimming for USMS, Inc. Sanction #331-210

Name _____

Male Female Birthdate (mm/dd/yy) _____

Address _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____ Mobile: (____) _____ - _____

Email _____

Emergency Contact Name _____

Emergency Contact Phone _____

Are you a USMS Member? Yes No

USMS Number _____

Event (Prices on next page)

- | | | |
|---|---|---|
| <input type="checkbox"/> 1.2-mile | <input type="checkbox"/> 1.2-mile high school | <input type="checkbox"/> 1.2-mile college |
| <input type="checkbox"/> 2.4-mile | <input type="checkbox"/> 2.4-mile high school | <input type="checkbox"/> 2.4-mile college |
| <input type="checkbox"/> 4.8-mile | <input type="checkbox"/> 4.8-mile high school | <input type="checkbox"/> 4.8-mile college |
| <input type="checkbox"/> 4.8-mile relay | <input type="checkbox"/> 4.8-mile high school relay | <input type="checkbox"/> 4.8-mile college relay |
| <input type="checkbox"/> 12.6-mile | <input type="checkbox"/> 12.6-mile relay | <input type="checkbox"/> 500m Fun Swim (18+) |
| <input type="checkbox"/> 500m Fun Swim (under 18) | | |

Relay Team Name _____

4.8-mile Relay – Max of 4 Team Members

12.6-mile Relay – Max of 8 Team Members

Name & Date of Qualifying Swim _____

How did you hear about the event? _____

T-Shirt Size

Small Medium Large XL XXL

Pay using (check one)

**One payment per relay team*

Check (payable to OptimisCorp 200 Mantua Road, Pacific Palisades, CA 90272)

Credit Card: Visa MasterCard American Express

Card Number _____ Exp Date ____/____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____

	Registration through July 31, 2011	Late Registration through August 18, 2011
1.2	\$45	\$55
2.4	\$60	\$70
4.8	\$95	\$105
4.8 Relay	\$160	\$200
12.6	\$320	\$400
12.6 Relay	\$360	\$440
1.2 High School		\$25
1.2 College		\$30
2.4 High School		\$35
2.4 College		\$40
4.8 Relay High School		\$80
4.8 Relay College		\$100
500m Fun Swim (under 18)		\$5
500m Fun Swim (18 & over)		\$10

OptimisSport Distance Swim Challenge Athlete Waiver

1. I understand that the 'DISTANCE SWIM CHALLENGE' consists of individual swims and relays of varying distances of approximately 1.2-miles, 2.4-miles, 4.8-miles and 12.6-miles in length in the unpredictable Pacific Ocean (a "Swim Event"). As such, these are physically strenuous and very demanding endurance undertakings. I understand that only highly skilled open water swimmers who have successfully trained for the Swim Event and who are adequately prepared for the possible conditions they may face in the Pacific Ocean, including high surf, fog, marine life, strong currents, whitecaps, relentless ocean swells, flotsam, jetsam, rain, tidal surges and winds, should enter and proceed. I warrant that I have performed the necessary training and that I am capable of completing the Swim Event that I have registered to swim and that I have consulted appropriate medical practitioner(s) who has/have confirmed that I am fully prepared to participate in the Swim Event.
2. I agree that if the Swim Event is cancelled at any time before or during the Swim Event due to storm, lightening, inclement weather, heavy surf, pollution, winds or other 'Act of God' conditions or safety concerns or if I do not participate in the Swim Event for any other reason, my entry fee shall be non-refundable.
3. I acknowledge that I have been advised that participation in the Swim Event involves a risk of injury, death and financial loss, and that my participation in the Swim Event (or of any person under my legal responsibility), is at my own risk to the maximum extent permitted by law. I release, forever discharge and hold harmless each of the organizers of the DISTANCE SWIM CHALLENGE and its officers, agents, consultants, and other representatives and associates and all their members, volunteers, Swim Event sponsors, the relevant City Councils, the County of Los Angeles, the City of Santa Monica, the State of California and Instrumentalities, medical and paramedical practitioners and personnel, and all other persons involved in the organisation, conduct and promotion of the Swim Event and their respective employees, servants, agents, contractors, consultants and officers ("Swim Event Organizers") from and against any and all liability for loss and damage, costs or expenses that I or any person under my legal responsibility, whether arising under Statute, from negligence, personal injury, death, property damage, infringement of third party rights or otherwise, which I have or at any time in the future may have arising from or connected with the Swim.
4. I acknowledged that I may be asked to leave the Swim Event by the Swim Event staff, medical personnel or lifesaving representatives of the City of Santa Monica, the County of Los Angeles and the State of California due to my perceived or actual physical or mental condition or appearance before or during the race. In this case, my entry fee shall be non-refundable.
5. For good and valuable consideration, which I hereby acknowledge receipt of, I hereby consent to having "DISTANCE SWIM CHALLENGE", the sponsors of the Swim Event or third parties appointed by them to use, without restriction, any images, film, sound recording and/or photographs captured or taken before, during or after the Swim Event without compensation. I am aware that I am not permitted to display any advertising, or marketing identification of any sponsor that is inconsistent, or is in competition, with the Swim Event sponsors.

5. I consent to receive whatever medical treatment is deemed advisable by medical practitioners who are present at the Swim Event in case of injury and/or illness during the Swim Event. I consent to “DISTANCE SWIM CHALLENGE”, including its medical staff, collecting health information about me before or during any treatment given to me in the course of the Swim Event for the purposes of providing medical treatment or first aid. I warrant that all information that I provide is complete and accurate.

6. If any provision of this Waiver, in whole or in part, is void or unenforceable then that provision or part shall be severable and shall not affect the enforceability of the remaining provisions.

7. I agree that the Race Director has final discretion on result-related decisions and no avenue for protest or post-race litigation will be available.

Privacy Statement:

The “DISTANCE SWIM CHALLENGE”, collects personal information about you for the purposes of:

- organizing and administering this and future Swim Events, including assessing your qualification in the entry field, determining the starting groups and appointing and briefing of volunteer medical staff and marshals required to run the Swim Event;
- providing medical treatment or first aid to you, if required;
- publishing result-times and place-finishes in websites, newspapers and other publications;
- contacting you to attend or assist with future Swim Events and other functions arranged by “DISTANCE SWIM CHALLENGE”; and/or
- contacting any family members or friends nominated by you to be contacted in case of an emergency.

***NOTE:** you will be issued a timing chip and it is YOUR responsibility to ensure it is returned at the completion of your swim. If you do not return it, you will be charged the cost of the timing chip.*

Health Information:

The “DISTANCE SWIM CHALLENGE”, may disclose your health information to volunteer medical staff who provide health services and medical treatment at Swim Events. We also may disclose your name, postal code, result time and place finish to publishers of newspapers, television media and online properties.

If you do not provide all the information requested by “DISTANCE SWIM CHALLENGE”, we will not accept your entry into the Swim Event.

If you do not provide all the health information requested by the volunteer medical staff, they may not be able to provide you with adequate health services and medical treatment, and you may experience delays in treatment if you are transferred to a medical center or hospital.

You can access and ask to update or correct any of your personal information by contacting “DISTANCE SWIM CHALLENGE in writing at the address on this entry form.

ENTRANTS DECLARATION (18 YEARS AND OLDER)

Detailed Declaration is available on the www.distanceswimchallenge.com and the next Page: Signing indicates you agree to these conditions

I agree to the terms and conditions on the website www.distanceswimchallenge.com. I hereby indemnify and hold harmless organizers of the DISTANCE SWIM CHALLENGE, its officers, agents, consultants, and other representatives and associates and all their members, volunteers, Swim Event sponsors, the relevant City Councils, the County of Los Angeles, the State of California and Instrumentalities, medical and paramedical practitioners and personnel, and all other persons involved in the organisation, conduct and promotion of the Swim Event and their respective employees, servants, agents, contractors, consultants and officers ("Swim Event Organizers") from and against any and all liability for loss and damage, costs or expenses that I or any person under my legal responsibility, whether arising under Statute, from negligence, personal injury, death, property damage, infringement of third party rights or otherwise, which I have or at any time in the future may have arising from or connected with the Swim.

Name: _____

Signed: _____

Date: _____

Declaration details visit www.distanceswimchallenge.com - signing indicates you have read & agree to these terms.

ENTRANTS DECLARATION (UNDER 18 YEARS OLD)

I certify that I am the parent or guardian of:

_____ who will be _____ years of age on the day of the Swim Event and that he/she has my consent to participate in this Swim Event.

I agree to the terms and conditions on the website www.distanceswimchallenge.com. On behalf of my child named above, I hereby and indemnify the Swim Event Organizers of the DISTANCE SWIM CHALLENGE and its officers, agents, consultants, and other representatives and associates and all their members, volunteers, Swim Event sponsors, the relevant City Councils, the County of Los Angeles, the State of California and Instrumentalities, medical and paramedical practitioners and personnel, and all other persons involved in the organisation, conduct and promotion of the Swim Event and their respective employees, servants, agents, contractors, consultants and officers ("Swim Event Organizers") from and against any and all

liability for loss and damage, costs or expenses that I or any person under my legal responsibility, whether arising under Statute, from negligence, personal injury, death, property damage, infringement of third party rights or otherwise, which I have or at any time in the future may have arising from or connected with the Swim.

Name: _____

Signed: _____ Date: _____

Declaration details visit www.distanceswimchallenge.com - signing indicates you have read & agree to these terms.

UNITED STATES MASTERS SWIMMING (USMS) DECLARATION

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 swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM 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 MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEETCOMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS. Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming, and agree to assume those risks. (rule book article 203.1)

Name: _____

Signed: _____ Date: _____