

False Bay Swimming Application

Please fill in all details below. Make sure everyone reads and signs it.

Once completed - please save it and email the signed form to:

info@falsebayswim.co.za

	Swim Category	Number of Swimmers		Swim Planned Route	Ways	
	Swimmers' name	Age	M/F	Email	Cell Phone	Nationality
1						
2						
3						
4						
5						
6						

Emergency contact

Name

Relationships

Cell Phone

Team Swimming Experience

Declaration

I declare that we understand and accept for myself as the Swimmer or (if my child is the Swimmer) for myself and my child named above, that:

1. I am a trained open water swimmer and I am in good fitness and health to participate in the swim.
2. I am aware of the swim details and I have read, studied and understand the possible swim conditions I may encounter.
3. I am aware of wild life inhabitation in the bay.
4. I believe I am fit and ready for the swim and I hold no one but myself as responsible if the swim is not successful.
5. All information stated above is true and accurate
6. I indemnify the FBSA , its board, the Pilot and the Observer from any possible claims related to the swim above.
7. I do reserve my rights with regard to claims resulting from gross negligence misconduct or deliberate misconduct.
8. I have read and understand the FBSA swimming rules and I understand the possible consequences of breaching them.
9. All information given for the purpose of this swim, data collected and medical information disclosed is the property of the FBSA.
10. I have read and understand and agree with the terms of participation in this swim.

Name of signed

Role

Initials

Date

[This will act as your legal signature]

1

2

3

4

5

6