



NAVAL ACADEMY AQUATIC CLUB OPEN WATER FALL SPLASH

September 9, 2018

Name: _____ Sex: M F Age: _____

USA Swimming ID: _____

Team: _____

Address: _____

City: _____ STATE: _____

Phone: _____

Contact Phone Number for Day of Event: _____

RELEASE BY PARTICIPANT FROM LIABILITY: I hereby release USA Swimming, the Naval Academy Aquatic Club (NAAC), Bay Ridge Civic Association, Bay Ridge Pool Association, and any other participating organization from any claims and damages received by me as a result of my participation in the race and furthermore, hold them harmless and indemnified from any damages. I further attest and verify that I am aware of the risks involved with an open water swim, am physically fit to compete, and have trained for the completion of the race.

Athlete Signature: _____

Date: _____

Parent's Signature: _____

Date: _____ (If under eighteen years of age.)

Coach Certification: I certify that the swimmer has the ability to complete the race he (or she) has entered.

Coach's Signature:

In signing this form the swimmer, certifying coach and parent (if applicable) affirms that the provided safety guidelines for the event have been thoroughly read and understood and that these guidelines will be followed without exception during the event. Initials

Completed forms should be scanned and emailed to entries@naaccoachcom or completed online via the link on our website: www.NAAC.ws