



Membership and Renewal Application

2009 Swim Season - Renewable Jan. 1, 2010

www.lajollacoveswimclub.org

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ E-mail: _____

Date Joining: _____ New Member Renewal Change of Address

Single Membership: 1 Year (\$20.00) 5 Year (\$90.00) Lifetime
Pod Plan (Couple or Family): 1 Year (\$30.00) 5 Year (\$160.00) Membership (\$250.00)

How did you hear about La Jolla Cove Swim Club? _____

Number of Club Events you might participate in? _____

Make check payable to La Jolla Cove Swim Club and mail to P.O. Box 427, La Jolla, CA 92038.

I am interested in:

- Volunteering for La Jolla Cove Swim Club Events
- Volunteering as a Kayaker for La Jolla Cove Swim Club Events
- Participating as a member of the Tour of Buoys event planning committee

RELEASE OF LIABILITY:

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 ocean swimming, including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE LA JOLLA COVE SWIM CLUB'S SCHEDULED EVENTS 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: LA JOLLA COVE SWIM CLUB, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE EVENT OR SUPERVISING SUCH ACTIVITIES. I also specifically acknowledge that I am aware of all the risks inherent in open water swimming and agree to assume those risks.

Signature

Date