

TOUR OF BUOYS - 1.5 & 5 Mile Swims
ENTRY APPLICATION
Hosted by the La Jolla Cove Swim Club
La Jolla Shores, La Jolla (San Diego), CA
Sunday, August 2, 2009

Swimmer	Last Name: _____ First Name: _____
	Address: _____
	City: _____ State: _____ Zip: _____
	T-Shirt: __ S __ M __ L __ XL __ XXL Phone: _____
	Gender: __ M __ F Birth Date (mm/dd/yy): ____/____/____
	Email: _____ Club/Team: _____
	<input type="checkbox"/> I intend to swim in the 5 Mile Regulation Division
	<input type="checkbox"/> I intend to swim in the 1.5 Mile Regulation Division
	<input type="checkbox"/> I intend to swim in the 1.5 Mile Non-Regulation Division (Fins and/or Wetsuits Permitted)
	<input type="checkbox"/> I am currently a member of the La Jolla Cove Swim Club
<input type="checkbox"/> I plan to pay \$10 for a club membership, renewable January 1, 2010.	
Expected Pace per-Mile over 5 Miles (Minutes per Mile): _____	
Emergency Contact: _____ Phone: _____	

Escort <small>(5 Mile Event, Only)</small>	Name: _____ Email: _____
	T Shirt: __ S __ M __ L __ XL __ XXL Phone: _____

Entry	1.5-Mile Entry Fees: __ \$30 (rec'd by Jul 16) __ \$40*(rec'd by Jul 30) \$60* Day of Event	
	5-Mile Entry Fees: __ \$40 (rec'd by Jul 16) __ \$50*(rec'd by Jul 30) \$70* Day of Event	
	La Jolla Cove Swim Club Membership Fee: __ \$10 (Renewable 1/1/10) *T-shirts and promo gifts not guaranteed	
	Check payable to: La Jolla Cove Swim Club	Mail to:
	Include: -This form with signed liability release (below) -Check for entry fee	Tour of Buoy La Jolla Cove Swim Club PO Box 427 La Jolla CA 92038-0427

Liability Release	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 TOUR OF BUOYS SWIM EVENT 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: CITY OF SAN DIEGO, LA JOLLA SHORES HOTEL, THE LA JOLLA COVE SWIM CLUB, HOST FACILITIES, MEET SPONSORS MEET COMMITTEES, 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.	
	Swimmer's Signature: _____	Date: _____
	Parent or Guardian (under 18): _____	Date: _____