



Please Bring This Form To The Workshop!

Personal Information

Workshop Site/Date: _____

Name: _____

Home Address (Street, City, Zip,
Country): _____

Home Telephone: _____

E-Mail: _____

Date of Birth: _____

In Case of Emergency, notify: _____

Relationship to Emergency Contact: _____

Emergency Contact Home/Work Telephone: _____

Please describe any health/medical conditions that you would like your coaches to be aware of:

Release From Liability

****Signature Required ****

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 risks inherent in swimming, cycling & running including possible permanent disability and death and agree to assume all risks. AS A CONDITION OF MY PARTICIPATION IN THE TOTAL IMMERSION PROGRAM OR ANY ACTIVITIES THERETO, I HEREBY WAIVE AND RELEASE SWIM FREEDOM, LLC, IT'S OFFICERS, AGENTS OR EMPLOYEES, HOST FACILITIES, OR ANY INDIVIDUALS SUPERVISING THE WORKSHOP/CAMP PROGRAM FROM ANY AND ALL RIGHTS, CLAIMS FOR LOSSES OR DAMAGES OF ANY KIND, ARISING DIRECTLY OR INDIRECTLY, FROM MY PARTICIPATION INCLUDING, BUT NOT LIMITED TO, ALL CLAIMS FOR INJURY, LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE WHETHER ACTIVE OR PASSIVE IN NATURE.

Date: _____

Signature: _____ Print Name: _____

Parents Signature (if signing for a minor) _____