

**Whidbey Adventure Swim  
Petition for Category 1 Non- Wetsuit Swim**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

USMS# \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

- \_\_\_\_ I have experience swimming in 60 degree or below water without a wetsuit
- \_\_\_\_ I have experience swimming in coastal waters
- \_\_\_\_ I have experience in USMS open water category 1 non-wetsuit swimming
- \_\_\_\_ This is not my first Open Water Event

Previous Events: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 CONDIITON OF MY PARTICIPATION IN THE MASTER SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERTO, I HEREBY WAIVE ANY AND ALL RIGHT TO CLAIMS FOR LOSS OR DAMAGE, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING INC., THE LOCAL MASTER SWIMMING COMMITTEES, THE CLUBS, HOST FACILITES, 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."

**Must be signed and dated for acceptance.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to:  
Whidbey Adventure Swim  
PO Box 157  
Freeland, WA 98249

or

email PDF copy:  
[info@swhidbey.org](mailto:info@swhidbey.org)