GUERNSEY SWIMMING CLUB

(Affiliated to S.C.A.S.A., H.C.A.S.A. & R.L.S.S.)

Patron: His Excellency The Lieutenant Governor

The Annual Open Castle Swim for the Bill Green Memorial Trophy

ALL SWIMMERS MUST BE AGED 11 YEARS AND OVER ON THE DAY OF THE SWIM

Colour Cap: …… *(to be provided on the day)*

Competitor number: …… *(to be provided on the day)*

Entry Form and Waiver Declaration

1. I agree to follow all the rules and orders from the Organisers and Personnel at the swim;
2. I certify that I am physically fit and have no pre-existing medical conditions that would affect me whilst swimming in open water;
3. I acknowledge all risks associated with swimming in Havelet Bay;
4. I waive, release and discharge the Guernsey Swimming Club LBG and its Directors and all organisers associated with the swim and will not make any claim against them;
5. I agree to swim at my own risk;
6. I have read this document and understand its contents.

Signature: ……..…. Printed name: ……..... Date:.....

Emergency contact name & number: ……..……..……

For persons under the age of sixteen years of age, a parent or guardian must sign this form

Minors name: …… Date of birth: .....

Parent/Guardian signature: ……..…… Printed name: ……..…….....

LOUVRE GROUP