



# **BODENSEE OPEN WATER**

## Lake Constance open water crossing

Liability waiver for long distance swimming

Please complete this form legibly and bring it with you when you collect your race documents.

Race number: \_\_\_\_\_ Lake Constance open water swimming: \_\_\_\_\_

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Email: \_\_\_\_\_ Tel.: \_\_\_\_\_

This form must be submitted before the race.

As a participant in the Lake Constance crossing, I acknowledge the Terms & Conditions of Participation by registering for the event.

I warrant that I am in sufficient physical and mental condition, that there are no medical reasons to object to my participation and my state of health is sufficient for the requirements of the Lake Constance crossing.

I warrant that I have sufficient long distance swimming experience and that I have trained sufficiently for this event.

I am sufficiently aware of the health and other risks and circumstances associated with this swim and hereby expressly confirm that I am solely responsible for taking part in the event at my own risk. I hereby acknowledge that I will be treated at my own expense during the event if advisable in the event of an accident and/or illness.

At the same time, I affirm that I have no legal claims, claims for compensation or receivables of any kind in relation to Bodensee-Openwater e.V.

I will take part in the briefing and follow the rules of conduct. I acknowledge that my name and image may be used by the media and the organiser for reporting on and advertising the event. I also acknowledge that I am solely responsible for my personal possessions and equipment during the event. By registering for the event and in signing this form I acknowledge the organiser's Terms and Conditions of Participation and liability waiver for losses of any type. I will not assert any claims against the organiser or sponsors of the event for losses of any type incurred as a part of my participation.

The organiser is entitled to remove me from the event or exclude me from participating in the event of any alarming indications of health concerns or impairments.

Place \_\_\_\_\_ Date \_\_\_\_\_

#..... (signature)