FUSION OPEN WATER SWIMMING RACE

ADULT PARTICIPANT CONSENT AND WAIVER FORM

Participant Information

- Full Name: _____
- Date of Birth: _____
- Age: _____
- Contact Number: _____
- Emergency Contact Name: _____
- Emergency Contact Number: _____

PARTICIPANT DECLARATION

I hereby voluntarily agree to participate in the Open Water Swimming Race.

I confirm that:

1. I understand that open water swimming involves inherent risks, including waves, currents, changing weather conditions, fatigue, injuries, and other water-related hazards.
2. I declare that I am physically fit and capable of participating in the race.
3. I understand and agree to follow all event rules, safety instructions, and directions given by race officials and lifeguards.
4. I acknowledge that the organizers will take reasonable safety precautions but cannot eliminate all risks associated with open water swimming.
5. I authorize emergency medical personnel to provide medical assistance if required.
6. I understand the risks associated with participation and accept responsibility for my voluntary participation, subject to applicable laws.
7. I confirm that all information provided is accurate and complete.

PARTICIPANT CONSENT

I have read and understood this consent and waiver form. I voluntarily agree to participate in the Open Water Swimming Race.

Participant Name: _____

Signature: _____

Date: _____