FINA Open Water Swimming Grand Prix 2010

Ohrid Swimming Marathon
14 August 2010

INDIVIDUAL RACE ENTRY APPLICATION

Swimmer: _____

Address: _____

Telephone: _____ **Fax:** _____

E-mail: _____ **Sex:** ☐ male ☐ female

Birth Date: _____ **Birth Place:** _____

Height (cm): _____ **Weight (kg):** _____

Occupation: _____ **Swim Club:** _____

Bringing a coach: ☐ no ☐ yes, the name is: _____

Nationality: _____ **Language:** _____

Passport No: _____ **Passport Nationality:** _____

National Federation: _____

National Federation Authorized Stamp & Signature: _____

Name Block Letters: _____ **Position:** _____

DECLARATION:

RELEASE FROM LIABILITY: I hereby declare that I exonerate all of liability and responsibility however so arising, the FINA, its affiliate, the event OC and staff, the venue owners, Sponsors, and any other persons that participate at the Event, in respect to all and every action or claim about accident that might occur (except liability and responsibility for personal injury or death caused due to the negligence of those respective bodies or persons).

DOPING CONTROL AUTHORIZATION: I agree to participate, if selected, in random drug testing at any time, either in or out of competition, as organized by FINA. I also agree that FINA rules related to doping control and drug testing shall be effected in relation to me personally.

TRANSFER OF RIGHTS: Understanding as a Competitor in the FINA Marathon World Cup 2010 the importance for FINA of keeping all filming, television, photographic, and other recording rights during the Event, I, in consideration of the acceptance of my participation in the FINA Marathon World Cup 2010, agree to be filmed, televised, photographed and otherwise recorded during the Event under conditions and for the purposes now and hereafter authorized by FINA in relation to the promotion of the FINA Marathon Swimming Cup 2010 and the sport of swimming.

Being under 18 years old on the first day of the Championships I am entering I wish my parent or guardian to sign this statement on my behalf.

Signed (Athlete's/Parent's Signature): _____ Date: _____

Please return to the Organizing Committee:
Stefan Pulejkovski, General Secretary
Kapisec 1 a,
1000 Skopje, Republic of Macedonia

Telephone: ++38923109775
Fax: ++38923120402
E-mail: office@pfm.org.mk

Note: This is an application to swim and does not necessarily guarantee a spot in the race. All swimmers that submit an application will be notified of the Race Committee's decisions.

THIS FORM MUST BE RETURNED TO THE ORGANIZING COMMITTEE AT THE ABOVE ADDRESS NO LATER THAN 01.08.2010