

Entry Form

Date: Saturday 9th July
Venue: Stithians Lake, Cornwall

Name: **Age:**
(on day of event)

Address: **DOB:**

..... **Mob:**

..... **Tel:**

Postcode:.....

Email:
(We will contact everyone by email where possible)

Events: 200m 400m 400m 1500m 3800m
(11-13yrs) (14-16yrs) (16 +yrs Fun swim) (16 +yrs) (18 +yrs)
(please tick which distance you intend to compete in)

Estimated swim time:
(Cut off times: 200m = 15mins, 400m = 20mins, 1500m = 1hr, 3800m = 2hrs20min)

Entry Fee: 200m & 400m = £10 1500m = £15 3800m = £20
(please make cheques payable to 'Cornwall Council')

Have you swum in open water before: Yes No
NB. If not, you must be able to swim double the intended event distance in a pool environment

Wetsuits: Please note that wetsuits are compulsory in all events

Medical Conditions:
(do you have any medical conditions that may affect your participation in this event)

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NB - This information will be made available to medical staff on the day.

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Competitor's Responsibility Statement

Participating in an open water swim requires fitness and skill. I confirm that I have done sufficient training to ensure that I am fit enough to cope with the demands of this event.

I accept that taking part in this event is by its nature hazardous and contains certain inherent risks.

I attach no responsibility to the event organisers or event officials for any injury, accidents, loss or damage and will indemnify them from and against any liability found against them arising out of my negligent or reckless acts.

I accept that in the event of my requiring medical attention during the event the medical personnel appointed by the event organiser take no responsibility for the treatment provided for any unreported existing condition which increases the risk of a medical emergency.

I acknowledge that the event organiser has relied on this statement (in its entirety) in accepting my entry to the event and that if I was unable or unwilling to agree to all the matters set out above in this statement of responsibility the event organiser would not allow me to compete. All statements of fact are true.

Name of Swimmer:
(print)

Signed: **Date:**
(by parent/guardian if under 16)

I have swum my intended event distance in open water before or can swim double the event distance in a pool environment

Signed:
(by parent/guardian if under 16)

Emergency Contact Details: Name:

Tel:

Mob:

Relationship:

Please send completed entry form (and relevant payment) to:
The Big Cornwall Swim, Helston Sports Centre, Church Hill, Helston, Cornwall, TR13 8YQ

Closing date for entry - 17th June 2011

Competitor information and event rules will be sent out on confirmation of entry or can be downloaded at www.cornwall.gov.uk/thebigcornwallswim

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