

Alcatraz 2009

Preliminary Information

Meeting: Saturday October 18, 2008

DC Ranch Village 6:00-7:00PM

18501 N. Thompson Peak Parkway, Scottsdale

Introduction/history of the event

Description of the swims (April 18-19, 2009)

- Alcatraz
- Golden Gate Bridge (Optional)

Training

- Challenges of the swim
- Pool training commitment
- Open water training
- Training trip
- Expectations

Event

- Event Weekend
- Disclaimer
- Event cancellation, weather other unforeseen problems (no refunds)
- Travel Guidelines

FAST-- About the Foundation

Estimated Costs

- \$125 Event Fee for Alcatraz
- \$100 Event fee for Golden Gate Bridge swim (Optional Event)
- \$75 Equipment fee (4 caps, 2 t-shirts, sweatshirt, finisher medal)
- \$100 Training fee/\$200 Training fee for Non-Swim Neptune swimmers under 18 years of age (may require additional forms and waivers)
- \$200 Fundraising Goal

Paperwork

- Event Registration forms, deposit of \$100, waivers, and proof of USA Registration (regardless of age) are required to be returned before participating in any open water training swim.

Other required items not included in registration

- Wetsuit-Travel costs
- Annual 2009 USA Swimming Registration

Fundraising Goal for FAST Foundation

- Fundraising goal of \$200 per swimmer

Timeline/Schedule

****Subject to change with notice****

The first step:

Register

-Complete your event registration, waivers, pay your deposit and provide proof of 2009 USA Swimming Registration

Get a wetsuit

--Two types of wetsuits SCUBA Wetsuit

Pros: thicker/warmer, generally cheaper Cons: Restricted movement

Swim/Triathlon Wetsuit

Pros: Greater mobility, can rent to try

http://alcatraz.f2r.com/index.php?action1=CustomerProductDescription&c_ProductID=MzE=&c_ProgramID=MjY=&c_EventID

Cons: Not as thick/warm, more expensive

Remember before you get in the water we need :

- 1) All registration and waivers completed and signed,
- 2) \$100 deposit and
- 3) Proof of 2009 USA Swimming Registration

You cannot participate in any Alcatraz training event until these three things are done

Training Swims in Bartlett Lake:

Weekend of November 1-2

Weekend of November 8-9

Weekend of November 29-30

Weekend of January 3-4

Weekend of January 23-25

Weekend of January 31-Feb 1

Weekend of February 21-22

Weekend of March 7-8

Other training opportunities

Week of December 21

Cold water swims in Glendale Lazy River--Dates TBA

Weekend of March 28-29

Training trip to San Francisco

TBA

Classroom sessions: Open water swimming to success

Weekend of April 18-19

The Big Swims!!

**Swim Neptune
Alcatraz Information 2009: Escape Your Limitations**

Swimmer's Name:

Contact info

Address:

Home Phone:

Cell:

Primary Email (for Evites):

Secondary Emails's (for updates):

Cell for text message "urgent updates" at lakes or San Fran:

DOB:

School:

T-Shirt size:

Do you have an adult swimmer (if so, name):

Why are you doing this?

Please turn in all forms together

- Medical Release Form**
- Financial Liability Release**
- Copy of Insurance Card**
- Release of Liability**
- \$100 deposit**

Please mail registrations to:

**Tom Hart
8693 E. Turquoise Ave
Scottsdale, AZ 85258**

Medical Release Form Swim Neptune/Team Alcatraz 2009

Swimmer Name: _____ Date: _____

Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer of Swim Neptune under the age of eighteen. If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, _____ (NAME OF THE SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE TEAM ALCATRAZ PROGRAM. IN CASE OF INJURY, I HEREBY GIVE SWIM NEPTUNE AND ITS COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MYSELF OR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE SWIM NEPTUNE AND IT'S COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD

Participant Signature (if over the age of 18)

Parent/Guardian Signature:

Home Phone:

Daytime Phone:

If parents are not available, please call the person designated below:

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Relationship: _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc.....which may be needed in rendering medical treatment:

Insurance Information of Parent/Guardian or Self:

Company Name:

Policy #:

Address

Phone:

Please include a copy of the front and back of your insurance card in case emergency treatment is necessary.

Financial Liability Release for All Participants-Swim Neptune/Team Alcatraz

1. I acknowledge that Swim Neptune and/or the Foundation for Aquatic Safety and Training (FAST) or any of the entities mentioned below may for safety or any other reason cancel any or all events connected to the Team Alcatraz Program.

2. I, for myself, my spouse, my child or children, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, hereby release Swim Neptune, Foundation for Aquatics Safety and Training, it's officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and/or lessors of premises used to conduct the event (collectively, the "Releasees"), with respect to any and all financial or other loss or damage to incident to my child's or our involvement in these programs whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

Signature: _____ Print Name: _____

Date: _____

**WAIVER, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT (“WAIVER”)
[Event: Training for Alcatraz Swim Activity – May 1, 2009]**

I, the undersigned, hereby represent, certify, covenant and agree as follows:

1. **Participation in Activity.** I have registered _____, who is under the age of 18 as of the date of this Waiver (hereafter, “Child”) to participate in the training with Swim Neptune for the *Alcatraz/Golden Gate Bridge Swim Activity* on April 18-19, 2009 (the “Activity”). I am aware that participating in the Activity poses a risk of bodily injury to my Child. I am voluntarily permitting Child to participate in the Activity with full knowledge of these risks and hazards. I represent and warrant that I am at least 18 years of age, and that I am the parent or legal guardian of Child.
2. **Waiver and Release.** In consideration and as a requirement for my Child to participate in the training for Activity, I, on behalf of Child, hereby release, discharge, and hold harmless Swim Neptune, LLC, and the Foundation for Aquatic Safety and Training, and any and all related and affiliated entities, and their respective parents, subsidiaries, partnerships, joint ventures, limited liability companies, trusts, and assigns, of every tier, and their respective directors, officers, partners, agents, employees, volunteers, members, trustees, and shareholders respective agents, servants, officers, directors, members, employees, partners, shareholders, property managers, successors and assigns (hereinafter referred to as “Released Parties”), of and from any and all claims, rights, demands, suits, damages, costs, expenses and liabilities of any nature whatsoever (including but not limited to claims for injury or death) arising out of or in connection with (a) Child’s participation in the Activity and all of Child’s acts or omissions while participating in the Activity, including without limitation accidents, injuries or damage caused to, or suffered by, any person or property in connection with the Activity and such acts or omissions, whether or not acts or omissions are negligent or willful, (b) any failure of Child to properly prepare for the Activity, or (c) any breach by any Released Party of any warranty, negligence, gross negligence or breach of any duty owing to Child (whether express or implied), which may arise out of or be related in any way to the Activity (collectively, the “Claims”).
3. **Assumption of Risk.** I hereby acknowledge that Child is participating in the Activity at Child’s sole risk. I represent to Swim Neptune, LLC, and the Foundation for Aquatic Safety and Training that I understand the physical demands of the Activity and that Child is physically capable of undertaking the Activity and closely adhering to any additional participation rules relating to training for the Activity.
4. **Covenant not to Sue.** I covenant, on behalf of myself and Child, that I shall not now or at any time in the future, directly or indirectly, commence, prosecute, or participate in any action, suit or other proceeding against any of the Released Parties concerning, arising out of, or in any way related to the Activity or the Claims.
5. **Binding Effect.** This Waiver shall be binding on Child, on me and my spouse, on our parents and other children, and on our respective trustees, legal representatives, heirs, successors and assigns, and shall inure to the benefit of the Released Parties. I further expressly agree that the foregoing Waiver is intended to be as broad and inclusive as permitted by the State of Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER OF INVOLVEMENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND ON BEHALF OF THE MINOR PARTICIPANT LISTED ABOVE, AGREE TO ABIDE BY THEM. I, on behalf of the Child, also agree and affirm that by requiring me to read & sign this Waiver, the Releasees have thoroughly and responsibly advised me and the Child about the hazards & risks of participating in the Activity. I understand that this Waiver is not in lieu of any other forms that I may be requested to sign by other parties in connection with this Activity.

The effective date of this Waiver is October 1, 2008 (“Effective Date”).

X _____
Signature of Parent/Legal guardian

DATE SIGNED

X _____
PLEASE PRINT NAME – MUST BE LEGIBLE

PHONE CONTACT INFORMATION

ADDRESS

CITY, STATE

ZIP CODE