

NAME: (LAST)		(FIRST)		_ (MI)	
NICKNAME:	AGE:	BIRTHDAY:	GENDER :		
ADDRESS:					
CONTACT NUMBERS (HOME) (MOBILE)					
OCCUPATION :		EMAIL : _			
EMERGENCY CONTACT: Name:					
Relation to Participant:					
SHIRT SIZE (Please check	/):XS _	SML	XLXXL		

OPEN WATER RACE RACE ENTRY (Please check ✓):

DATES	15 YRS & UP			10-14 YRS	6-9 YRS
JUNE 15, 2014 (Sunday)	1 KM	2 KM	3 KM	500 M	250 M
SEPT 14 , 2014 (Sunday)	1.5 KM	3 КМ	5 KM	500 M	250 M
NOV 16, 2014 (Sunday)	1.5 KM	5 KM	10 KM	500 M	250 M

<u>OPEN WATER RACE FEES</u> (Please check ✓) :

CATEGORY	1 RACE	2 RACES	3 RACES
*15 YRS & UP - Non-Member	₱1,900	₱3,800	₱5,000
15 YRS & UP - Pico Member	₱1,500	₱3,000	₱4,000
*KIDS - 14 YRS & BELOW - Non-Member	₱ 900	₱1,800	₱2,500
KIDS - 14 YRS & BELOW - Pico Member	₱700	₱1,400	₱1,800

*Open Water Race Fees include:

- Finisher's Shirt, Swim Camp, Packed Lunch, Loot Bag
 Access to the Pico Country Club facilities and Pico Beach
 Dining privilege at :Lagoa (Country Club), Reef Bar (Pico Beach), Pico Resto (Pico Sands Hotel)
- Complimentary Use of One (1) beach towel

Registration fees maybe settled via deposit payment to :

Carlos de Guzman Bank of the Philippine Islands <u>3379-0967-69</u>

Send completed registration form along with the scanned deposit slip with your name *(deposit slips without a printed name(s) will not be accepted and will be re-verified)* to <u>events@swimbikerun.ph</u> along with the email subject, "2014 Aquasphere Open Water Series".

Wait for a confirmation email from us within 24 hours. If you didn't receive an email, kindly resend your email registration or contact us via our facebook and twitter page (@SWIMBIKERUNph)

Keep a copy of the completed registration form and the deposit slip for safekeeping.

REGISTRATION FEES ARE NON-REFUNDABLE.

Other Information:

*A Special Rate for Hotel Accommodations will be available for race participants at Pico Sands Hotel. **You may call : (02) 464-7888 ext. 8824 or 0917.552.5243** to book your hotel room.

** For non-hotel guests or non-members, a guest fee of **P400 for adults and P200 for kids 4-12 years old** will be offered for companions of the participants. This guest fee will also entitle the companions to use the Pico Country Club Facilities and Pico Beach and dine at their outlets (same privilege as the participant). Complimentary Use of One (1) beach towel also included.

The participant should fill out a form that will be available at the Membership counter located at the Pico Beach Entrance. Without the form, participant's companions will be charged the regular club guest rate (P1000 adults & P500 kids).

A Cash card is required for all transactions inside the club. (P50 per card, minimum load of P1,000. Remaining amount on card is non-refundable but may be used on your next visit).

RACE #_____

DISTANCE_____

For Organizer's Use Only

WAIVER AGREEMENT

I know that open water swimming is a potentially hazardous activity. I should not participate in open water swimming unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the swim course. I hereby certify that I am in good health and I have trained to swim the distance of the race, which I am entering. I assume all risk associated with swimming in this event including, but not limited to : contact with other participants, the effects of weather, including high heat and/ or humidity, traffic and conditions of the water, all such risk being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your accepting my entry into this open water race, I for myself and anyone entitled to act on my behalf waive and release Hamilo Coast and Aqualogic Swim Company, organizers, agents, volunteers, PdLBCC and Costa del Hamilo employees, all barangays, municipalities, cities, countries and or government bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event to any legitimate purpose.

I understand that participants who are not confident in open water are not allowed in the event and I will abide by this guideline.

I authorize any healthcare provider to release any and all information pertaining to my health care, medical condition and medical treatment as a result of my participation in this Aqua Sphere Open Water event to swim organizers and staff.

NAME OF EVENT : AQUA SPHERE OPEN WATER SERIES

Print Name :(Participant)	
Signature :	Date of Event :
Age : Date of Birth	:
(Parent or legal guardian for persons under 18 years	old of age)
Name of Guardian :	Signature :
Relationship to Participant :	Date Signed:

PLEASE SIGN WAIVER AND WE WILL COLLECT ORIGINAL DOCUMENT UPON CHECK-IN ON EVENT DAY.