

Swim Training Event Week

Final open water swim training for IRONMAN 70.3 Switzerland and IRONMAN 70.3 Switzerland Relay.

Date

Saturday, June 6th, 2020

Meeting Point

1st Group: 11.45am

2nd Group: 12.15pm

at the official swim start, 8640 Rapperswil-Jona

We will send you an e-mail one week in advance to let you know which group you are in.

Duration / Content

Approximately 30min. Overview course, swim start, swim exit as well as tips & tricks. Followed by a short training session in the water.

Registration – mandatory!

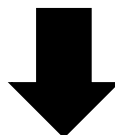
If you would like to take part in the swim training, it is **mandatory** to fill out the following online [registration form >>](#). Slots are limited due to safety reasons and registered athletes only are allowed to take part.

Parking area

Possible in the vicinity (subject to a fee), but we recommend using the public transport.

Waiver of Liability

Please read through the below waiver carefully, sign it and bring it with you. Of course we will have some hard copies available for you on site in case you don't have access to a printer.



Waiver of Liability – Open Water Swim Training

I agree that:

1. I take the full responsibility for my personal items and sport equipment and I am fully responsible for the condition and adequacy of my sport equipment.
2. The organizer is not liable for damages expect in cases of intent or gross negligence.
3. The organizer will take no responsibility for health risks of the participant in connection with the participation in the event.
4. I am aware that participation in the event bears risks and that risk of serious danger and also death cannot be excluded. I acknowledge and agree that it is my responsibility to determine whether I am sufficiently fit and healthy enough to safely participate in the event.
5. I am aware of the fact and accept that there may be vehicles on the course route.
6. I am aware of the dangers associated with the consumption of alcohol and/or drugs before, during and after the event. I assume responsibility for any injury, loss or damage caused by consumption of alcohol and/or drugs.
7. I confirm that I have read through this waiver of liability carefully and that I fully comply with its content. I furthermore confirm, that I have an adequate insurance coverage.

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First Name, Last Name

.....

City, Date

.....

Signature