

Winter Swimming World Championships Tallinn, Estonia 2024

AFFIDAVIT Form for 200 m and 450 m Endurance Swims



WINTER SWIMMING
WORLD CHAMPIONSHIP
TALLINN, ESTONIA 2024
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This form is due to be completed and turned in upon registration as a requirement in order to participate in the 200 m and/or 450 m endurance swims (freestyle or breaststroke). This form can be emailed in advance to support@iceswim.ee or turned in during the Winter Swimming World Championships Tallinn, Estonia 2024.

Tick if you are swimming 200 m swims

In order to compete in 200 m swims of your selected style, you agree with the following:

I state that I have the skills and the knowledge to be able to participate in a swim of 200 m of chosen style. I have experience in a similar swim where I did not wear a wetsuit. I wore a standard swimming costume with swim hat, no gloves, no thermo- socks, no special treatments of warming.

Tick if you are swimming 450 m swim

In order to compete in 450 m swim, you agree with the following:

I have completed a 200 m swim in "A" category water (temp. range -2°C to $+2^{\circ}\text{C}$) or a 450 m swim in training in "A" cat. water or

"B" cat. water range (temp. range $+2^{\circ}\text{C}$ to $+5^{\circ}\text{C}$).

I did not wear a wetsuit. I wore a standard swimming costume with swim hat, no gloves, no thermosocks, no special treatments of warming.

SWIMMER DETAILS

Name and last name:

Email:

QUALIFYING SWIM DETAILS

Swim date:

Swim location:

Swim result:

Water temperature:

Air temperature:

I understand that the International Winter Swimming Association recommends that the swimmer undertakes an ECG examination and medical check-up prior to the swim.

I hereby declare that I have read, understood and agree with the written above and the rules for the 200 m and 450 m endurance swims on <https://iwsa.world/world-championships/rules>.

I confirm that the information given in this form is true, complete and accurate.

Signature:

ASSISTANT DETAILS

A registered assistant is a trusted person who knows the Swimmer and can confirm the Swimmer's ability to swim the Endurance distance and is able to provide the needed support to the Swimmer until he or she is fully recovered.

Name and last name:

Email:

Please state your experience of winter swimming (e.g. coach, fellow swimmer):

Signature: