

**50TH ANNUAL AROUND THE ISLAND SWIM
AMATEUR SOLO AND RELAY SWIMS
ATLANTIC CITY, N.J., USA
9 AUGUST 2003**

**Sponsored and hosted by the Atlantic City Marathon Swim Committee
*In conjunction with the City of Atlantic City, and the Middle Atlantic Open Water Swimming
Committee.***

USA Swimming Approval # MA 0362OW

EVENTS:

In addition to the FINA World Marathon Swimming Cup Race, the Race Committee will conduct a special Around Absecon Island relay and solo swims for amateur swimmers. These events will start between thirty minutes and one hour before the start of the FINA event. Relay teams may consist of between three and six members.

COURSE:

The course is 22.5miles (37 kilometers) starting at Historic Gardner's Basin located at the north end of Absecon Island, proceeding out the inlet and around the island in a clockwise direction. After completing the ocean leg (approximately 10 miles) swimmers will return to the finish Gardner's Basin via the back bays of Longport, Margate, Ventnor, and finally Atlantic City. The ocean temperature usually varies from 65 degrees to 75 degrees Fahrenheit, while the bay temperature usually falls between 70 and 80 degrees Fahrenheit. Ocean currents are unpredictable and may come from any direction.

ESCORT CRAFT:

Each relay team and solo swimmer must provide one human powered escort craft, kayak or lifeguard boat to provide a constant guide to the swimmer in the water. A motorized support craft powerboat, not to exceed 36 feet in length, may be used as support. This will be subject to a more strict set of safety guidelines to be described in detail at the race meeting.

ENTRY FEES AND DEADLINE:

Entry fee is \$300.00 for solo amateurs and \$600.00 for teams of 3 to 6 person teams. Checks should be made payable to Atlantic City Ocean Marathon Swim. Entry fees must be paid in full and accompany the completed Official Entry Form. Any amateur swimmer or relay team not whose entry fee is not paid on time will not be allowed to participate in the event.

MEETINGS:

All amateur relay teams and solo swimmers must be represented at a required meeting and safety briefing at site and time to be announced.

LODGING

For special rates at local hotels please check our Web Site.

For more information on the Relays or Solo contact:

RACE DIRECTOR:

**Michael Giegerich, Director
139 Blackman Road
Egg Harbor Township 08234-7510**

**Telephone: 1-609 926 0714
E-mail: thegigs2000@aol.com**

**50TH ANNUAL AROUND THE ISLAND SWIM
Solo Swim Entry Application
August 9, 2003**

USA Swimming Approval #
MA 0362OW

A swimmer must be a registered with US Masters Swimming or USA Swimming to participate.

ENTRY FEES: Solo Swim \$300.00

SWIMMER:

_____ **USS /USMS Registration #** _____

Family Name

Given Name

Address:

Telephone: _____ **Fax:** _____

COACH/TRAINER _____

Telephone: _____ **Fax:** _____ **E-mail** _____

RELEASE FROM LIABILITY: I hereby declare that I exonerate of all liability and responsibility however so arising, the FINA, United States Swimming, United States Masters Swimming its affiliates, the event Organizing Committee and staff, the venue owners, sponsors, and any other persons that participate at the Event, in respect to all and every action or claim about accident that may occur (except liability and responsibility for personal injury or death caused due to the negligence of those respective bodies or persons).

Athlete's (Parents signature) if under 18 years of age:

_____ Date _____

Please send completed form, sign and return the attached waiver, and send with the appropriate entry fees no later than 15 July 2003 to:

RACE DIRECTOR: Michael Giegerich, Director

139 Blackman Road

Egg Harbor Township 08234-7510

Telephone: 1-609 926 0714

E-mail: thegigs2000@aol.com

50TH ANNUAL AROUND THE ISLAND SWIM

Relay Swim Entry Application
August 9, 2003

USA Swimming Approval
MA 0362OW

All swimmers must be a registered with US Masters Swimming or USA Swimming to participate.

ENTRY FEES: \$600.00 per team regardless of number of swimmers.

Relay team swimmers:

1. Name _____ USS /USMS Registration # _____

2. Name _____ USS /USMS Registration # _____

3. Name _____ USS /USMS Registration # _____

4. Name _____ USS /USMS Registration # _____

5. Name _____ USS /USMS Registration # _____

6. Name _____ USS /USMS Registration # _____

TEAM NAME: _____

COACH/TRAINER _____

Address: _____

Telephone: _____ Fax: _____ E-mail _____

DECLARATION/RELEASE FORM

All Relay swimmers must sign this release form on next page before being allowed to participate.

Relay Swim Entry Application (cont.)
August 9, 2003

RELEASE FROM LIABILITY: I hereby declare that I exonerate of all liability and responsibility however so arising, the FINA, United States Swimming, United States Masters Swimming its affiliates, the event Organizing Committee and staff, the venue owners, sponsors, and any other persons that participate at the Event, in respect to all and every action or claim about accident that may occur (except liability and responsibility for personal injury or death caused due to the negligence of those respective bodies or persons).

Being under 18 years old on the first day of the Championships I am entering; I wish my parent or guardian to sign this statement on my behalf.

Signed (Athlete's/ Parent's) Signature:

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Please send completed form, sign and return the attached waiver, and send with the appropriate entry fees no later than 15 July 2003 to:

RACE DIRECTOR:

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