

## 2026 Tsugaru Strait Exchange Festival

### Application Form for the Tsugaru Strait Cross Swim -Relay-

Please attach this application form (hereinafter referred to as 'Application') to an email and submit it to

**[kikaku@town.nakadomari.lg.jp](mailto:kikaku@town.nakadomari.lg.jp)**

(Tsugaru Strait Exchange Festival Executive Committee) by 17:00, May 15 2026 (JST).

Registration No.

(for office use)

Before submitting this application form, please be sure to review **Your Commitment** in this form and other documents such as "**2026 Tsugaru Strait Exchange Festival Tsugaru Strait Cross Swim -Relay- Application Guidelines**", "**2026 Tsugaru Strait Exchange Festival Tsugaru Strait Cross Swim -Relay- Alternative Methods and Rules**". Please complete this Application using **Block Capital Letters**.

#### Team Details

Team name	
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Swimming organization affiliated with	
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Please tell us about your team

\*Please provide details below or in a separate document (if necessary).

Method of attempt

Please check your choice preferences from the following

- Method 1 based on TSSF official rules
- Method 2 based on the Tsugaru Strait Exchange Festival rules

#### Personal Details

<b>Team representative</b>							
<b>First name</b>		<b>Middle name</b>		<b>Surname</b>			
<b>Title</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____						
<b>Nationality</b>		<b>Date of birth</b>	month   date   year	<b>Age as of July 4 2026</b>			
<b>1 Address</b>							
<b>Town/City</b>				<b>Postcode</b>			
<b>County/State</b>				<b>Country</b>			
<b>Contact phone(s)</b>				<b>Time record for 1,500m swim</b>	minutes	seconds	
<b>Email</b>							
<b>2</b>							
<b>First name</b>		<b>Middle name</b>		<b>Surname</b>			
<b>Title</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____						
<b>Nationality</b>		<b>Date of birth</b>	month   date   year	<b>Age as of July 4 2026</b>			
<b>Address</b>							
<b>Town/City</b>				<b>Postcode</b>			
<b>County/State</b>				<b>Country</b>			
<b>Contact phone(s)</b>				<b>Time record for 1,500m swim</b>	minutes	seconds	
<b>Email</b>							

3	First name		Middle name		Surname	
	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____				
	Nationality		Date of birth	month   date   year	Age as of July 4 2026	
	Address					
	Town/City		Postcode			
	County/State		Country			
	Contact phone(s)		Time record for 1,500m swim	minutes	seconds	
	Email					

4	First name		Middle name		Surname	
	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____				
	Nationality		Date of birth	month   date   year	Age as of July 4 2026	
	Address					
	Town/City		Postcode			
	County/State		Country			
	Contact phone(s)		Time record for 1,500m swim	minutes	seconds	
	Email					

5	First name		Middle name		Surname	
	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____				
	Nationality		Date of birth	month   date   year	Age as of July 4 2026	
	Address					
	Town/City		Postcode			
	County/State		Country			
	Contact phone(s)		Time record for 1,500m swim	minutes	seconds	
	Email					

**Your Commitment (Before signing, please read the following carefully and make sure you fully understand the contents.)**

1. We will comply with all rules, regulations, and instructions issued by the Tsugaru Strait Exchange Festival Executive Committee (hereinafter referred to as "Organizer").
2. We understand that cross channel swimming is a sport that involves inherent risks, and that attempting the Tsugaru Strait Cross Swim and the associated training may pose specific risks, including severe injury or death. We hereby waive all claims for damages against the Organizer and all individuals associated with it, regardless of negligence, in connection with the Tsugaru Strait Cross Swim and any related actions. Notwithstanding this, we understand that there may or may not be insurance benefits provided under the disability insurance policy held by the Organizer of the swim but that the Organizer shall not be in any way obliged to make a claim nor accountable for the decisions of the insurance provider in relation to any claims made.
3. In the event that we sustain an injury, fall ill, or encounter an accident during the Tsugaru Strait Cross Swim attempt, we agree to receive appropriate treatment without objection.
4. We agree to grant permission for our names and photographs to be used in broadcasts, television programs, newspapers, and other media related to the Tsugaru Strait Cross Swim, as well as in printed materials issued by the Organizer.
5. We certify that we are physically and mentally fit to undertake the cross channel swimming and to undergo sufficient training in preparation for the attempt.

The undersigned team representative hereby confirms that all members of the team have read and fully understood the contents of this application form and hereby agree to comply with all applicable terms and conditions, including the "Rules" and "Guidelines", and hereby applies for participation in the 2026 Tsugaru Strait Cross Swim Relay on behalf of the team.

Team Representative Name		Signature
Date	month   date   year	