



LONG ISLAND POOL SWIMS AND SOUND SWIM REGISTRATION FORM

Pool Swims

Please check appropriate swim.

LI Sound Swims

Table with columns for Club Name, Date, Time, 1 mile, and 1/2 mile. Includes entries for Bronxville Field Club, Saxon Woods Pool, NYAC Travers Island, Orienta Beach Club, Lake Isle Club, and Off-site Swimmer.

- Long Island Sound Swims
Sat. July 24, 2010 6 am
6-Mile LI Sound Swim
4-Mile LI Sound Swim
1-Mile LI Sound Swim
Off-site Swimmer

SOUND SWIMS: see General Information for age requirements - 6-Mile Sound Swimmers - required donation \$5,000. Off line funds payable on or before July 19, 2010. Regardless of age, \$500 required donation for ALL 1- and 4-Mile Sound Swimmers, payable at check-in or prior to the swim.

POOL SWIMS: Required donation:\$500; High School student and below \$250, payable at check-in or prior to the swim.

Note: The swim director reserves the right to cancel or reschedule any event due to unsafe conditions.

(Please print legibly)

Last Name: First Name: Sex: M F

Address: City: State: Zip:

Daytime Phone: Evening Phone:

e-mail address:

Age on Swim day: Date of Birth: Hon/Mem Team (if applies):

Have you participated in a Swim Across America event before? Yes No Where (Locations and Years)

(Listings Below Optional)

Name(s), if any, for Memorial page Listing

(Please secure permission to use name(s) and attest by initialing here Journal deadline June 22)

Name(s), if any, for Honoree page Listing

I, the undersigned participant, parent or legal guardian if under age 18, intending to be legally bound, do hereby certify that I and or the minor child are physically fit, and have not been informed otherwise by a physician. I acknowledge that I, individually, and as parent or legal guardian of minor child, am aware of the risks inherent in swimming (training, competition, recreation) including possible permanent disability or death, and agree to assume all of those risks. As a condition of my individual participation and or the participation of said minor child in Swim Across America's Long Island Sound Swims, or any activities incident thereto, I hereby waive any and all rights to claims for loss or damages, caused by negligence, active or passive, including all claims for loss or damages caused by Swim Across America, Inc. (SAA), the Long Island Sound Committee, Event volunteers, Memorial Sloan-Kettering Cancer Center, Children's Hospital of New York-Presbyterian at Columbia University Medical Center, The Cancer Support Team of Westchester, the host facilities, and corporate sponsors. I consent that the photographs and or video, taken by photographers/film crews shall remain the property of Swim Across America and may be used for the purpose of advertising, publicity, in house publications and promotions.

Sound Swim -All parents and legal guardians of minors agree to swim along side said minor under the age of 12 for the duration of the swim. If parent or guardian is not participating in the event, they agree to have another qualified adult swim along side said minor for the duration of the swim. The undersigned participant and or parent or legal guardian of minor participant hereby agrees to indemnify, defend and hold harmless Swim Across America and all Swim Across America Officers, employees, volunteers and agents from and against all damages and expenses due from any and all claims, demands or causes of action resulting from participating in Swim Across America Events.

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARTICIPANT

PRINTED NAME OF PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OLD

DATE, 2010

DATE, 2010

For 4-mile/6-Mile swims - I attest that can complete a 1 mile swim in under 30 minutes. Pool Director/Lifeguard: Signature Date: Printed name of Pool Director/Lifeguard

Return this form to: Swim Across America, Inc. PO Box 217, Larchmont, NY 10538-0217 or fax to 914-632-3236.

Web site: www.swimacrossamerica.org/long_island - Phone/fax: 914-632-3236 E-mail: Biffy@SwimAcrossAmerica.org