



SWIM ACROSS AMERICA - LONG ISLAND SOUND AND POOL SWIMS REGISTRATION 2019

Please check appropriate swim
POOL SWIMS

LONG ISLAND SOUND

NYAC Travers Island	Friday, July 12	6:00 pm - 8:00 pm	<input type="checkbox"/>	Saturday, July 27 10K 5:00 am* <input type="checkbox"/> 5K 6:00 am* <input type="checkbox"/> 2K 6:00 am <input type="checkbox"/> Off-site swimmer <input type="checkbox"/> Swimmer requires pool director voucher of swimming capability
Westchester Country Club	Saturday, July 13	6:30 am - 9:30 am	<input type="checkbox"/>	
Oriente Beach Club	Saturday, July 20	6:15 am - 9:30 am	<input type="checkbox"/>	
Lakeside Field Club	Sunday, July 21	5:00 pm - 8:00 pm	<input type="checkbox"/>	
Coveleigh Club	Tuesday, July 23	3:00 pm - 5:00 pm	<input type="checkbox"/>	
Chappaqua Swim & Tennis	Sunday, July 28	4:00 pm - 7:00 pm	<input type="checkbox"/>	
Lake Isle Club	Saturday, August 3	6:30 am - 9:30 am	<input type="checkbox"/>	

Note: The swim director reserves the right to cancel or reschedule any event due to unsafe conditions.
SOUND SWIM: see General Information for age requirements. 10K (6-Mile Sound Swimmers) - required donation \$5,000. Off-line funds payable on or before July 19, 2019. Regardless of age, \$500 required donation for ALL Sound Swimmers, payable at check-in or prior to the swim.
POOL SWIMS: Required donation: \$500 payable at check-in or prior to the swim; \$250 high school student and below.

Last Name: _____ **First Name:** _____ **Sex:** M ___ F ___

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

E-mail: _____

Age on Swim day: _____ **Date of Birth:** _____ **Team Name :** _____

Have you participated in a Swim Across America event before? Yes _____ **No** _____

WAIVER: SIGNATURE REQUIRED. MUST BE SIGNED FOR VALID REGISTRATION:

I, the undersigned, participant or parent or legal guardian if participant is under age 18 (collectively referred to hereinafter as "Participant" or "I"), intending to be legally bound, do hereby understand and agree that swimming the distance and in the conditions involved with this Event and the related pool swims (including training for and participation in the swim) is rigorous activity that involves risks including, but not limited to: weather and water conditions, interaction and/or collision with other people and/ or things in the water, and other hazardous and/or life threatening conditions. By signing this Release Agreement below, Participant assumes any and all risks of injury and/or damages that may occur as a result of such participation in the Event. By signing this Release Agreement below, I certify that Participant is physically fit, has not been informed otherwise by a physician and has adequately trained to participate in this Event. I acknowledge that I am aware of the risks inherent in open water swimming (including those listed above) which could result in permanent disability or death, and agree to assume all of those risks. I further certify that it is Participant's responsibility to dress appropriately for this event, and Participant is solely responsible for Participant's health and safety. In consideration of my participation in the Event, and/or any activities incident thereto, I, for myself and my heirs, executors and administrators, hereby release and discharge from liability Swim Across America, including the Larchmont Committee (SAA), Memorial Sloan Kettering Cancer Center, Cancer Support Team, Morgan Stanley Children's Hospital of New York Presbyterian Columbia University Medical Center and all SAA and Memorial Sloan Kettering Cancer Center, Cancer Support Team, Morgan Stanley Children's Hospital of New York Presbyterian Columbia University Medical Center, officers, employees, volunteers and agents, and the host facilities, transportation vendors, corporate sponsors, and other individuals assisting with the Event or related clinics (the "Released Parties") and waive any and all rights to claims for loss or damages or rights of current or future action, including all claims for loss or damages against the Released Parties. By signing below, Participant agrees to indemnify, defend and hold harmless the Released Parties from and against all claims, demands, causes of action, damages and expenses (including reasonable attorney's fees) related to the Event. I grant Memorial Sloan Kettering Cancer Center, Cancer Support Team, Morgan Stanley Children's Hospital of New York Presbyterian Columbia University Medical Center and SAA permission to use my name and/or likeness in any medium, including the right to use any photographs and/or video taken by photographers/film crews for any purpose including advertising, publicity, in house publications and promotions. Any rights thereto shall remain the property of SAA, and Memorial Sloan Kettering Cancer Center, Cancer Support Team, Morgan Stanley Children's Hospital of New York Presbyterian Columbia University Medical Center

Signature of participant _____ **Date** _____, 2019 **Signature of Parent or Guardian (if participant under 18)** _____ **Date** _____, 2019

Print name of participant _____ **Date** _____, 2019 **Print name of parent or guardian** _____ **Date** _____, 2019

Return this form to: Swim Across America, Inc., PO Box 217, Larchmont, NY 10538-0217 or scan/e-mail to Tony@swimacrossamerica.com. Phone: (914) 769-8411 [SWIMACROSSAMERICA.ORG/LONG ISLAND](http://SWIMACROSSAMERICA.ORG/LONG_ISLAND)