



## Swimmer Registration

Saturday, August 1, 2015

(Note: There will not be a rain date. Please check

[www.swimamileforhospice.org](http://www.swimamileforhospice.org) for more information about alternate plans.)

Please read and complete both sides of the form in full. It is very important that you sign the agreements on the reverse of this document. Thanks!

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Person/phone to call in case of emergency (Mandatory) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

T-shirt size (To be guaranteed a T-shirt, you must register by July 17): S, M, L, XL, XXL

### ADDITIONAL INFORMATION

Are swimming the 1/2 mile course? \_\_\_\_\_

For safety reasons, swimmers will swim in groups, or pods of 10. To facilitate that you stay with your pod for the entire swim, we need to have your accurate swim speed.

1) I swim 500 yards (20 lengths) in a pool (at a comfortable pace) in \_\_\_\_\_ minutes.

2) If you know other people that swim your speed that you would like to swim with, please name them here (Please limit pod size to 10 swimmers):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Include minimum payment of \$25 to register. This will go towards your \$100 commitment. Please see agreement that follows.**

I include payment of \_\_\_\_\_.

-By check (make checks payable to Hospice of St. Lawrence Valley)

-By credit card (circle one) VISA/MC/Disc/AmEx number: \_\_\_\_\_

Exp date MM/YY: \_\_\_\_\_

Please let us know why you are swimming. We would love to hear from you on this issue and, possibly, include your story in materials related to the event (attach additional paper if needed):

## PUBLICITY RELEASE

I hereby authorize Hospice of St. Lawrence Valley to use my name, picture, video image, photograph or quotation of my remarks (previous page) for public information, fundraising purposes and future publicity of *Swim a Mile for Hospice* including news media. **(Please feel free to cross out any of the above that you don't wish to authorize. Thank you!)**

Name of swimmer **(print)** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FUNDRAISING AGREEMENT

I understand that it is my responsibility to raise a minimum of \$100.00 (including my \$25 registration fee) in checks, cash, and/or credit card pledges. In order to participate in the *Swim a Mile for Hospice* event on Saturday, August 1, 2015, these are due to Hospice of St. Lawrence Valley **on or before August 1, 2015**. I also understand that pledges are nonrefundable, even if I do not participate in *Swim a Mile for Hospice*. I have read and understand the above agreement.

Name of swimmer **(print)**: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## WAIVER: THIS MUST BE SIGNED BEFORE THE EVENT

In consideration for my entry being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all claims and rights to damages which I have or which may hereafter occur to or against Hospice of St. Lawrence Valley, Inc., event sponsors, participants, volunteers, all other donors and contributors and successors and assigns for any and all damages which may be sustained by me in connection with my association with or entry in arising out of my traveling to, participating in, and returning from said event.

Name of swimmer **(print)**: \_\_\_\_\_

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Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please return completed form to:**

Hospice of St. Lawrence Valley  
6805 US Highway 11  
Potsdam, NY 13676