

EAU VIVE SWIMATHON 2010

TEAM REGISTRATION FORM



Conditions: In order to participate in the EAU VIVE Swimathon, a team, comprised of 2 to 4 swimmers, must have collected at least \$100 in donations. In turn the team commits to swimming a distance of 1500 meters in a style of their choice. Each team member must sign the waiver below. All money collected through the EAU VIVE Swimathon will be donated in full to organizations that assist people living with HIV/AIDS.

Team identification number:
(to be filled at registration)

N.B.: At registration, the Team Captain must remit ALL donations collected by the Team.

Team Captain

Last Name:	First Name:
Address:	
City:	Province/State:
Country:	Postal Code:
Telephone: (home)	(office)
Age (on October 2nd, 2010):	Email:

Swimmer # 2

Last Name:	First Name:
Address:	
City:	Province/State:
Country:	Postal Code:
Telephone: (home)	(office)
Age (on October 2nd, 2010):	Email:

Swimmer # 3

Last Name:	First Name:
Address:	
City:	Province/State:
Country:	Postal Code:
Telephone: (home)	(office)
Age (on October 2nd, 2010):	Email:

Swimmer # 4

Last Name:	First Name:
Address:	
City:	Province/State:
Country:	Postal Code:
Telephone: (home)	(office)
Age (on October 2nd, 2010):	Email:

We anticipate swimming 1500 m in _____ minutes _____ seconds.

Entry time unknown.

Waiver

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been informed otherwise by a physician. I acknowledge that I am aware of the risks inherent in masters swimming (training and competition) including possible disability or death, and agree to assume all associated risks. I hereby waive any and all rights to claims for loss and damage arising out of participation in this Swimathon or any activities incident thereto or against, without limitation, the club aquatique À Contre-Courant, the Fédération de natation du Québec (Quebec Swimming Federation), Swimming/Natation Canada, the event directors or coordinators, or any individuals officiating or volunteering at the EAU VIVE Swimathon, or supervising such activities as a condition of my participation in the EAU VIVE Swimathon.

Signatures

_____	_____	_____	_____
Team Captain	Swimmer # 2	Swimmer # 3	Swimmer # 4
Date: _____	Date: _____	Date: _____	Date: _____

Please return your completed signed form to the registration table on the day of the event. Please arrive no later than 16:30pm to ensure your place!