

PORTA POOL CHALLENGE SWIM sponsored by PORTA Pool

DATE: **SATURDAY MARCH 17, 2012.**

TIME: Warm ups start at 8:30 a.m. Heat # 1 will begin at 9:00 a.m.
You will be contacted the week of 3/12/12 and informed of your start time. You should arrive at the Pool at least 30 minutes prior to your start time. A warm up lane will be available.

PLACE: PORTA Pool, 17651 Blue Jay Road, Petersburg, IL
PORTA High School is located on the west side of Petersburg. Turn west at the corner of Rt. 97 and Sheridan Road, proceed 3 blocks and continue up the hill; go 1 more block to the school entrance. **Locker rooms are available for swimmers.**

EVENT: The Challenge Swim will be 3,300 yards or 132 lengths; 1650 yards or 66 lengths; and 850 yards or 34 lengths. Swimmers will be seeded fastest to slowest with two swimmers per lane. **TIMERS/COUNTERS WILL BE PROVIDED.** PRE-REGISTRATION IS ENCOURAGED; DECK ENTRIES WILL BE ALLOWED IF LANES ARE AVAILABLE.

-----PLEASE RETURN LOWER PORTION WITH CHECK-----

NAME _____ AGE on 3/17/12 _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL ADDRESS _____

2 mile seeding time _____ 1 mile seeding time _____ 1/2 mile seeding time _____

[] Entry Fee \$15.00 per event (Swimmers may choose to do the ½-mile swim as well as one of the longer swims for \$20.00.)

*** This is a fundraiser for Pool improvements of replacing deteriorating walls.
Your support is greatly appreciated! ***

MAKE SURE YOU HAVE READ AND SIGNED THIS FORM! This is not a race---except against the clock. It is necessary to warn you that NO ONE should undertake this swim unless they are physically fit and sufficiently trained to participate safely. This involves yearly examinations by a physician and dedication to regular exercise. I understand this and consider myself an adult legally responsible for my actions and the results thereof. I, for myself, my executors, administrators, and assignees, do hereby release and discharge the Director and all sponsors for all claims of damages whatsoever arising out of my participation in the Challenge Swim.

Signature of Swimmer _____ Date _____

Signature of Parent/Guardian (if swimmer is a minor) _____ Date _____

Please sign the form and return along with check payable to PORTA Pool. Mail to Rachel Frost, PORTA Pool, 17651 Blue Jay Road, Petersburg, IL 62675. For more information, contact Rachel at 217/632-4745 or rfrost@porta202.org.

NO AWARDS WILL BE GIVEN – BRAGGING RIGHTS ARE ENCOURAGED!!