

ENTRY FORM

Mincemeat Mile Swim



Saturday, September 14, 2019

9:00am: Heat 1 of the Mincemeat Mile will start: You will get an e-mail stating what heat you will be in and what time your heat starts.

Warm-ups for the first heat will begin at 8:30am. There will be one lane available for continuous warm-up and warm down during each heat.

Age Group Classifications: (These are subject to change depending on the number of entrants and will be Female/Male categories.)

| 8-10 | 35-44 | | | | |
|---|------------------|--|--|--|--|
| 11-14 | 45-54 | | | | |
| 15-17 | 55-64 | | | | |
| 18-24 | 65-74 | | | | |
| 25-34 | 75 & Older | | | | |
| | | | | | |
| Name: | | | | | |
| Street Address: | | | | | |
| City, State, Zip: | | | | | |
| Telephone: | | | | | |
| Age: Gender: | | | | | |
| Estimated time to complete the swim: | <u> </u> | | | | |
| Signature: | | | | | |
| I, the above signed have read and agree to the Waiver. Guardian must sign if entrant is under 1 | .8 years of age. | | | | |

Waiver: In consideration of the acceptance of my entry, I for myself, my heirs, successors, executors, administrators, distributes and assigns, do herby release and discharge FOR Swimming, INC, RARO and City of Lexington and all other sponsors, including the trustees, servants, agents, officers, employees, successors and assigns of each, from any and all actions, causes of action, claims and demands for damages of whatever natures, arising out of or in any way connected with my participation in the 2019 Rockbridge Pie Festival's Mincemeat Mile Swim. I acknowledge and confirm that I am fully aware of the risks involved in this event and certify that I am physically fit and sufficiently trained to

participate. I further certify that Ihave read the foregoing and have full understandings of its contents.

Fee: \$20.00 No registration will be taken the day of the race. Please make checks payable to FOR Swimming. Mail registration to FOR Swimming, P.O. Box 1552, Lexington VA 24450 or drop off at Rockbridge Aquatics Center (Inside Dome Pool) before 7PM Friday, September

| Signature: | | | |
|------------|----------|--|--|
| _ | <u> </u> | | |

 $I, the above signed \ have \ read \ and \ agree \ to \ the \ Waiver. \ Guardian \ must \ sign \ if \ entrant \ is \ under \ 18 \ years \ of \ age.$

20th. For questions, please e-mail forswimming@gmail.com or call 460-7469

