

# New Year's Swim Challenge

(512)-261-3000

www.lakeway-tx.gov/swimcenter

**Bring your friends and kick start your New Year's fitness resolution with a fun swim challenge! Enjoy the warm waters of our heated competition pool, snacks, hot drinks, music, and more while swimming a great workout. The only competition is you!**

**Location:** Lakeway Swim Center, 3103 Lakeway Blvd, Lakeway TX 78734

**Date:** December 29<sup>th</sup>, 2017

**Time:** 9:00am to 12:00pm. We will schedule your time slot based on ability and the goals that you set for your time and/or distance. Swimmers will be emailed an exact start time a few days prior to the event.

**Registration Deadline: December 22<sup>nd</sup>      Shirt Order Deadline: December 13<sup>th</sup>**

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell:**(\_\_\_\_) \_\_\_\_\_ **\*Email:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please list any pre-existing medical conditions:**  
\_\_\_\_\_

1. **What is your swimming ability?** Beginner \_\_\_\_\_ **or** Masters/Frequent Swimmer \_\_\_\_\_

2. **What is your distance goal?** \_\_\_\_\_ yds.

3. **What is your time goal?** \_\_\_\_\_ : \_\_\_\_\_

**Shirt Size (Please circle one):** XS S M L XL XXL

**Member Rate:** FREE \_\_\_\_\_ **Shirt:** \$15 \_\_\_\_\_

**Non-Member Rate:** \$5 \_\_\_\_\_ **Shirt:** \$15 \_\_\_\_\_

**Cash:** \_\_\_\_\_ **Check #:** \_\_\_\_\_

**Credit Card:** Visa or MasterCard **Last 4 Digits:** \_\_\_\_\_ **Exp.** \_\_\_\_\_ / \_\_\_\_\_

As in the above program sponsored by the Lakeway Parks and Recreation Department, I do hereby covenant and agree that I assume all risks associated with participation in the Lakeway Parks and Recreation's authorized Program, and do hereby accept that any injury or injuries I might suffer as a result of my participation in such activity shall be my own responsibility and that under no circumstances may I maintain any cause or causes of action against the City of Lakeway which arises out of or are in any way associated with participation in the Lakeway Parks and Recreation Department's authorized program. Furthermore, I covenant and agree that this document shall be admissible in any court or competent jurisdiction which adjudicates any cause or causes existing between myself and the City of Lakeway. Lastly, by this document, I do hereby authorize the exclusive use by the City of Lakeway of any photograph or photographs which the City of Lakeway may take of my participation in the City's authorized activity. I, the undersigned individual named above, do hereby agree to allow the individual named herein to participate in the aforementioned program and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical and/or Dental Examination, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge the City of Lakeway from any and all liability resulting in injury associated with my participation in this activity.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_