



# Polson Bay Swim Race Entry Form

One form per participant\* (copies o.k.) Non-Refundable Entry Fee

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Sex: M F  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Event: \_\_\_ 1 Mile Swim \_\_\_ Kid's Fun Swim (free and no T-shirt)

Entry Fee Paid \$ \_\_\_\_\_ Additional Donations to Pool Project \$ \_\_\_\_\_

Mission Valley Aquatics is a registered 501(c)(3) charitable organization, all contributions are tax deductible.

Preferred T-shirt Size: S M L XL or Youth M

**All Athletes read and sign. Please read carefully before signing.**

I acknowledge that an open water swim race is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious bodily injury, and/or property loss. By submitting this document, I HEREBY ASSUME ANY AND ALL RISKS ASSOCIATED WITH PARTICIPATING IN THE POLSON BAY SWIM RACE. I certify that I am physically fit, have undergone sufficient training to be qualified for participation in this event, and have not been advised against participating by a medical professional. I understand and acknowledge by submitting this document that the Polson Bay Swim Race conditions my participation upon my continued adherence to this waiver and release from liability, and that if I choose, after execution of this document, not to be bound by the terms of this document then I will not participate or continue to participate in the Polson Bay Swim Race.

By submitting this document, I hereby acknowledge and command my executor, administrators, heirs, next of kin, successors or assigns to waive, release, discharge, and agree not to sue, upon any theory of liability, for death, disability, personal injury, property damage, theft, or other actions hereinafter accruing to or through me as a result of my participation in the Polson Bay Swim Race. This acknowledgement, waiver and release from liability is intended by me to protect event sponsor, race directors, event producers, event volunteers, and any government organizations (including employees) through which the Polson Bay Swim Race is staged or over whose territorial jurisdiction the event occurs. I hereby indemnify and hold harmless the individuals or organizations mentioned in the preceding sentence from any and all claims or liabilities made by other individuals or entities as a result of my actions during the Polson Bay Swim Race.

I hereby consent to receive treatment in the event of any injury, accidents, or illness occurring during the Polson Bay Swim Race. I hereby authorize any duly certified medical professional to treat me for injuries received by me, which resulted from any participation or observation of the Polson Bay Swim Race. I hereby authorize any licensed physician to perform any procedure, which he/she deems advisable in attempting to treat or relieve any injuries, or related unhealthy conditions I may encounter during any necessary operation.

I understand that I may be photographed while participating in the Polson Bay Swim Race. I agree and allow my photography (or electronic recordation) of my likeness to be used for any legitimate purpose by the Polson Bay Swim Race event producers, event sponsors, and/or their assigns.

I HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER; THAT I HAVE READ EACH OF THE FOUR PARAGRAPHS OF THIS DOCUMENT; AND THAT I UNDERSTAND AND AGREE TO THE TERMS CONTAINED THEREIN.

I am under the age of eighteen (18) years---my parents/guardian has read and completed the waiver below. If signing for my child, this serves to certify that my child has permission to compete in this event and is in good physical condition and that event officials may authorize necessary emergency treatment.

Signature and Date of Participant

Parent/Guardian Signature if participant is under 18 yrs

Pre-registration: 1 mile swim race is \$20.00, Kid's Fun Swim is free.

Race Day Registration: 1 mile swim race is \$25.00, Kid's Fun Swim is free.

Mail signed and completed registration form, along with payment to:

Mission Valley Aquatics PO Box 774 Polson, MT 59860

Questions? Please call 883-4567 or e-mail mvaquatics@polson.net

# 1 Mile Swim Race Information:

Date: Saturday, August 6<sup>th</sup>, 2011

Meeting Place: Boettcher Park

Start Time: 1:00 p.m.

Course Description:

- ❖ Swim from Salish Point, through pristine waters of Flathead Lake, to Boettcher Park, with the backdrop of the Mission Mountains.

Transportation:

- ❖ Swimmers will be provided transportation to KwaTaqNuk from Boettcher for start of race.

Support for Swimmers:

- ❖ Local Kayakers & emergency personnel will be along the race course.

Divisions: Male and Female (12-19) (20-29) (30-39) (40-49) (50-59) (60+)

Awards Ceremony:

Awards will be given to age group winners and overall men and women. All participants receive t-shirts and swim caps.

Participants in the Kids Fun Swim will receive ribbons.

Other Important Information:

Packet Pick-up: Race day packet pick-up will be available at Boettcher Park from 9:00 a.m. to 12:30 p.m.

## **Polson Bay's Water Daze Family Activities**

- ❖ 25 yard & 100 yard Free Kids Swims
- ❖ Kayak Activities
- ❖ Water Carnival, including large waterslide
- ❖ Barbecue
- ❖ Enjoy the beach, Flathead Lake and efforts of MVA toward building a pool for the valley

The Food: Complimentary Post-Race food and beverages for participants. Barbecue for all racers and spectators (donations encouraged).

Special Thanks to our Lead Sponsors:

**Anderson Broadcasting, Total Screen Design, Glacier Bank**

Special Thanks to our Supporting Sponsors:

**St. Joseph Medical Center & Western MT Medical Clinic, Whitefish Credit Union, Windauer Family Dentistry, Stene Aviation, Country Pasta, 1<sup>st</sup> Interstate Bank and Flathead Lakers.**