

GO THE DISTANCE



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Indoor "Lake" Lap Swim Challenge!

HARRISON FAMILY YMCA

Register for the "lake" of your choice and win Y prizes for the lake distance completed in the time frame of 1 month. We encourage you to register for a distance that challenges you to see what you can achieve! You will track your mileage in a notebook located on the pool deck.

**FEBRUARY 15TH -
MARCH 14TH**

**WEEKLY LEADERBOARD
ON THE POOL DECK!**

**Register Online at
HarrisonfamilyY.org**



**SWIM LAKE ERIE & WIN A
WATER BOTTLE!
60 MILES**



**SWIM SMITH MOUNTAIN LAKE
& WIN A LATTE MUG!
40 MILES**



**SWIM THE ENGLISH CHANNEL
& WIN A SHOPPER BAG!
20 MILES**

HARRISON FAMILY YMCA
1000 Independence Drive Rocky Mount, NC 27804
P 252 972 9622 www.harrisonfamilyY.org

REGISTER HERE!

Participant First and Last Name _____ D/O/B _____

Parent/Contact Person (if under 18) _____

Address _____

Email _____ Phone _____

Emergency Contact _____ Phone _____

Please check which lake you are registering for below:

 **SWIM LAKE ERIE & WIN A WATER BOTTLE!
60 MILES**

 **SWIM SMITH MOUNTAIN LAKE & WIN A LATTE MUG!
40 MILES**

 **SWIM THE ENGLISH CHANNEL & WIN A SHOPPER BAG!
20 MILES**

WAIVER OF LIABILITY: I understand and agree that the Rocky Mount Family YMCA, Inc. (d/b/a Harrison Family YMCA) nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation. I also grant permission to the Y to use any photographs or videography that are obtained as part of this program for future Y advertising and promotions.

Signature

Date _____