

# 3<sup>rd</sup> Annual Second Beach Open Water Challenge

College and Masters Swimmers Registration Form\*\*\*

*A One Mile Open Ocean Swim Race to Benefit Youth Athletics*

**Presented by the Tuesday Night Athletic Foundation**

September 18, 2010

Sachuest Beach, 500 Purgatory Rd., Middletown, Rhode Island

Swimmer Check In: 7:30 – 8:45am

Pre-Race Meeting: 8:50am

Race Start Time: 9:00am

Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Check only one of the following Divisions:

Masters  Collegiate

(\*\*\*All swimmers in these two divisions must be 18 years of age as of race day)

## RELEASE AND WAIVER/ASSUMPTION OF RISK AGREEMENT

Please enter me in the TNAF Second Beach Open Water Challenge to be held September 18, 2010. In consideration of your acceptance of this entry and in accordance with Chapter 7-6 of the R.I.G.L., I hereby for myself, heirs, assigns, executors and administrators, assume any and all risks associated with or arising from my participation in this event, including, but not limited to any and all injuries to my person and/or property suffered by me arising from participation in the event, and waive and release any and all rights, claims, and actions for damages I may have against the Tuesday Night Athletic Foundation, its officers, agents, directors, individuals or institutions associated with assisting Tuesday Night Athletic Foundation in this event or any participant in this event.

I further attest and certify that I am physically fit and capable of completing this event and that my physical fitness has been verified by a licensed physician or medical doctor within the past 12 months. I further attest and certify that I have read and understood the above waiver and assumption of risk, that I am making this waiver and assumption of risk voluntarily, and that all information and signatures contained herein are accurate and genuine.

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

**Registration Fee: \$25 if Received on or Before September 16<sup>th</sup>**

**\$35 on Race Day**

**Cash and Checks Accepted. Please make payment to:  
Tuesday Night Athletic Foundation**

**Mail Completed Registrations/Waivers with payment to:**

**TNAF, 98 Gibbs Avenue, Newport, RI 02840**