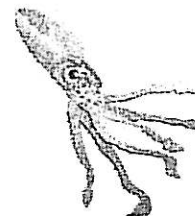


SQUID Swim Team
Swim a Mile for The Center
Saturday Aug 16, 2008



Hiawatha Davis Recreation Center
3334 Holly St. Denver, Colorado
10:30 AM to 12:00 Noon
Benefiting The GLBT Center, & SQUID
Scholarship Fund
(All donations are tax deductible)

Pledge Form

Name: _____ Phone No. – H: _____
Address: _____ Phone No. – W: _____
City, State, Zip _____
Emergency Contact Name: _____ Emerg. Contact No. _____

Donor Name	Address	Phone	Pledge \$	Recpt ? Y/N
1.				<u>Y/N.</u>
2.				<u>Y/N.</u>
3.				<u>Y/N.</u>
4.				<u>Y/N.</u>
5.				<u>Y/N.</u>

Total _____

If you care to join us for this swim, it will cost \$5.00 to swim at Hiawatha Davis Rec. Center.
Please sign the Waiver of Liability if you do not have a Denver Rec Center membership Y__ N__,
Or a USMS member. Y__ N__, USMS number _____. FAQs? Call Glenn – 303-322-7997

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically Fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of The risks inherent in Masters Swimming (training and competition), including possible permanent Disability or death, and agree to assume all of the risks. AS A CONDITION OF MY PARTICIPATION IN THE SQUID FUNDRAISING EVENT OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: THE COLORADO SQUID SWIMMING TEAM, THE CITY OF DENVER HIAWATHA DAVIS REC. CENTER, UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE HOST FACILITIES, FUNDRAISER SPONSORS, FUNDRAISER COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE FUNDRAISER OR SUPERVISING SUCH ACTIVITIES.

SIGNATURE _____

DATE _____