

Krossin' Keuka Mail-In Registration Form

*First & Last Name:	
*Birthday:	
*E-mail:	
Phone Number:	
*Address 1:	
*City:	
*State/Province:	
*Zip/Postal Code:	
*I am registering as a (circle):	<input type="checkbox"/> Swimmer <input type="checkbox"/> Paddler
*Your Open Water Swimming Experience and Ability (circle):	<input type="checkbox"/> Confident <input type="checkbox"/> Moderate <input type="checkbox"/> Novice
*Your requested t-shirt size (circle):	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL
*Emergency Contact Person & Phone #	
Please put me with (indicate person or Pod name):	

By submitting this form to register in Krossin' Keuka , you agree to the following:

Fundraising Agreement: I understand that as a swimmer, it is my responsibility to raise a minimum total of \$150.00 in checks or cash in sponsors. As a paddler, I may raise money in sponsorships though am not required to. I understand that in order to participate in Krossin' Keuka, my money (at least the minimum sponsorship and registration amounts) must be turned in by Friday (the day before the event). I understand that in order to be eligible for fundraising incentives, my money must be turned in by July 1st. I also understand that sponsorships are nonrefundable, even if I do not participate in Krossin' Keuka.

Legal Agreement: In consideration for my entry being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all claims and rights to damages which I have or which may hereafter occur to or against Keuka Comfort Care Home, Inc., Keuka College, event sponsors, participants, volunteers, all other donors and contributors and successors and assigns for any and all damages which may be sustained by me in connection with my association with or entry in arising out of my traveling to, participating in, and returning from said event.

Publicity Agreement: I hereby authorize Keuka Comfort Care Home, Inc. to use my name, picture, video image, photograph or quotation of my remarks for public information, fundraising purposes and future publicity of Krossin' Keuka including news media.

Signature _____ Date: _____

Please enclose \$25 Registration Fee made payable to Keuka Comfort Care Home with your name in the memo line.
 Mail to: Keuka Comfort Care Home, PO Box 107, Penn Yan, NY 14527