

# 2017 Davenport West High Beth Calabotta Swim Challenge

SEPTEMBER 2, 2017

## 1 Mile, 5k or 10k Swim Challenge

The 1st Annual Beth Calabotta Swim Challenge will be held at Davenport West High on September 2, starting at 7 a.m. Participants have the opportunity to complete a 1-mile water walk or swim, 5k-swim, or 10k-swim. The suggested donation to participate is \$25 with 100% going to The Cancer Couch for metastatic cancer research. Participants are encouraged to get sponsors for their efforts who will donate to Cancer Couch research--THANKS! Beth (Godwin) Calabotta was a 1985 Davenport West High grad who passed away from cancer in March 2017.



Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

City/State: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Event (Circle One):    1 Mile Walk    1 Mile Swim    5k Swim    10k Swim

Gender:    Male    Female

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

USMS or USS Member:    Yes    No    USMS or USS Number: \_\_\_\_\_    Est. Finish Time \_\_\_\_\_

Would you like to be timed?    Yes \_\_\_\_\_    No \_\_\_\_\_    Requested A.M. Start Time (Please circle):    7:30 / 8:30 / 9:30

Emergency Contact Name: \_\_\_\_\_    Phone: \_\_\_\_\_

**Please Note: Any swimmer wishing to record an official time shall bring his/her own lap counter.**

### Please read carefully before signing.

*I understand and acknowledge that by signing below, I am legally agreeing to the terms and rules for the event.*

*Terms: 1. I understand that I take part in the event at my own risk and of my own free will. I understand that while the swim has been made as safe as possible, this event is not without risk and that the events require varying degrees of physical exertion. 2. I confirm that I do not know of any medical reason why I cannot participate in the event and that I have prepared accordingly. I understand that if in doubt about my health or if I have a medical condition that could be affected by exercise (other than what was already stated), particularly a heart condition, I should obtain my doctor's approval before participating.. 3. I understand that the organizers may take photographs or video footage of me taking part in the event and I permit them to use the images and film for promotional purposes.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**Please mail the completed form and entry fee payable to Cancer Couch to Ruth Johnson, 2627 Middle Road, Davenport, IA 52803 by August 25, 2017. Deck entries are allowed.**