

LIVER LIFE CHALLENGE SWIM

ALCATRAZ "THE ROCK"

San Francisco, California

Saturday June 25, 2011

Registration & Application Form

The **Liver LIFE Challenge Alcatraz Swim** is a pledged open water 1.5 mile swim from the historic Alcatraz Island through the San Francisco Bay. Swimmers raise a minimum of \$1,000 in pledges through corporate and/or vendor contacts, friends and family members for the American Liver Foundation while promoting liver disease research, education and advocacy. *This swim is not for novices.* You must be in good health and good physical condition *before* joining the swim team. You must be an experienced open-water swimmer and should be able to swim one mile comfortably in a pool in under 40 minutes. One group practice swim will take place prior to the actual swim.

1. GENERAL INFORMATION

First Name

Last Name

Mailing Address

City/State/Zip:

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Home Phone

Work Phone

Fax Number

Cell Phone

E-mail Address

Occupation

Employer

Sex: ___M___F T-Shirt Size: ___S___M___L___XL___2X___3X Date of Birth: _____

2. EMERGENCY CONTACT

First Name

Last Name

Relationship

Address/City/State/Zip Code

Home Phone

Alternate Phone

Northern California & Nevada Division • 870 Market Street • Suite 1048 • San Francisco, CA 94102

Phone: 415.248-1060 • Toll-Free: CA/NV 800.292-9099 • Fax: 415.248-1066

www.liverfoundation.org/alcatrazswim

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A VALID CREDIT CARD (MC/VISA/AMEX) AND NON-REFUNDABLE FEE OF \$100 IS REQUIRED WITH THIS REGISTRATION APPLICATION TO SECURE YOUR SWIM TEAM SPACE.

Card Number: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature: _____ Date: _____

- **A minimum of \$1,000 per individual swimmer** (includes your \$100 non-refundable deposit) is required to attend the event and participate.

Cancellation:

You may cancel your participation in the Liver Life Challenge Alcatraz Swim on or before Friday, March 18th without penalty; **however, your initial deposit of \$100 is not refundable.** If you need to cancel at any time after that point you will be responsible for the current target dates incurred depending on the date cancelled. **See target schedule below.**

***I have read and understand this paragraph:** _____ (initial and date)

In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the American Liver Foundation (ALF) and sponsors for any injuries, death or property damage occurring as a result of my participation, directly or indirectly, in any and all activities involved with the American Liver Foundation's Liver Life Challenge Alcatraz Swim. I further attest and certify that I am physically fit and a licensed doctor has verified my physical condition. I also grant permission for use of my name and/or photograph or voice broadcast, telecast, print or any other account of this event.

***I have read and understand this paragraph:** _____ (initial and date)

I agree to collect a minimum of **\$1,000** for the ALF by **Friday, June 17**. I have carefully read the agreement and fully understand the fundraising commitment and target dates required. **If I have not reached the minimum in pledges by Friday, June 17 I understand that my credit card will be charged for the balance in order for me to attend the event.**

I understand and agree to the conditions of the release form and contribution agreement.

*Signature _____ Date: _____

FUNDRAISING TARGET DATES:

March 30th - \$250
April 29th - \$550
June 17th - \$1,000

QUARTER POINT TARGET
HALF-POINT TARGET
ALL MONIES DUE TO ATTEND EVENT

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