



# SWIM FOR THE CAVS PLEDGE SHEET



SWIMMER NAME		
STREET ADDRESS		
CITY	STATE	ZIP
HOME PHONE		
E-MAIL ADDRESS		
EMERGENCY CONTACT	PHONE	

DONOR(S)	ADDRESS, PHONE & EMAIL	PLEDGE/LAP	TOTAL PAID
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Please make checks payable to the "BROOKS FAMILY YMCA"

I understand that Cavalier Aquatics/Piedmont Family YMCA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in the 2024 Swim for the Cavs. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation. I hereby release and discharge Cavalier Aquatics/Piedmont Family YMCA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation. I understand that Cavalier Aquatics/Piedmont Family YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give my permission to Cavalier Aquatics to use, without obligation, photographs, film footage, or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs. I acknowledge the WAIVER set forth above.

Signature of Participant/Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(parent/guardian if under age 18)





# SWIM FOR THE CAVS PLEDGE SHEET



DONOR(S)	ADDRESS, PHONE & EMAIL	PLEDGE/LAP	TOTAL PAID
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			