

# MALTA's 22<sup>nd</sup> Annual Samaritan Swim\*

## REGISTRATION FORM (ALL Participants must register)

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| For Office Purposes Only:<br>Registration Number:<br>Less Cash Received: |
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### Participant information:

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

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

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

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

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

Tee Shirt Size (unisex) \_\_\_\_\_ (for our ordering purposes)

### Emergency Contacts (2 please):

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

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

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

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

\*Please note that we will be adhering to any Ledge Light Health District guidelines in place for January 1, 2022

### Waiver of Liability:

I, \_\_\_\_\_, hereby agree to release and hold harmless all parties connected with the Samaritan Swim from any and all claims, demands, actions, causes of action, rights, damages, or injuries of every kind and character arising either directly or indirectly out of my participated in the Samaritan Swim.

Signature: \_\_\_\_\_

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

Swimmers under the age of 18 must have a parent or guardian sign this release form

### Photo waiver:

I, \_\_\_\_\_, hereby agree to allow MALTA, Inc. to publish or otherwise distribute printed material containing photos of me as a participant in the 20<sup>th</sup> annual Samaritan Swim.

Signature: \_\_\_\_\_

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

Swimmers under the age of 18 must have a parent or guardian sign this release form

There is inherent risk in attending any group event; if you are at risk for COVID-19, please take that into account when making your decision to attend. If you or any other family member is showing symptoms of COVID-19 (fever, cough, shortness of breath), please stay at home.

**MALTA'S 22<sup>nd</sup> Annual SAMARITAN SWIM\*** Benefit the Homeless Community in Southeastern Connecticut  
**PLEDGE SHEET**

**January 1, 12 noon Eastern Pt. Beach, Groton**  
**Registration begins at 11am**

PARTICIPANT'S NAME \_\_\_\_\_

| Donor Name | Address | Telephone/Email | Receipt Needed? | Amount pledged | CASH Received | CHECK Received |
|------------|---------|-----------------|-----------------|----------------|---------------|----------------|
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\*\*\* HELP RAISE MONEY FOR MALTA \*\*\* TOO COD TO GO IN? - COME ANYWAY TO CHEER ON THE SWIMMERS!\*\*\*

REGISTERED PARTICIPANTS COLLECTING AT LEAST \$50 WILL RECEIVE A FREE T-SHIRT. Please make checks payable to: Malta Inc

Pledge Totals

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PLEASE MAKE ADDITIONAL COPIES OF THIS SHEET AS NECESSARY

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| I am unable to participate in the Samaritan Swim but I would like to make a donation.<br>Enclosed is my check or money order or mail to Malta Inc.,20 Grove Avenue, Groton, CT 06340 | <input type="checkbox"/> |
|--|--------------------------|

|                            |                      |
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| Amount turned in on 1/1/22 | <input type="text"/> |
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*Malta, Inc is recognized by the IRS as a 501(c)(3) tax-exempt organization. All donations are fully tax deductible to the extent provided by law.*

\*Please note that we will be adhering to any Ledge Light Health District guidelines in place for January 1, 2022