

# For Youth Development- For Healthy Living- For Social Responsibility

## Cupid Swim and Run

Valentine's Day brings couples together in many ways, and here in Baker City it's no different. So instead of buying candy and flowers, join us for the Cupid Swim and Run.

Rules are simple, you and a partner will get together as a team to tackle a 750 yard swim (15 laps) and a 3 mile run course. So its up to your team to decide who will do the swim and who will do the run.

This will be a two day event with the swim being on Friday and the run on Saturday. The order of the run will depend on the swimming time so the faster the swim the sooner your partner can start the run.

### Race Details:

Swim: 750 yards

Friday, February 10, 2012

Starting at 4 pm.

Run: 3 miles

Saturday, February 11, 2012

Starting at 9 am with the fastest swim time and working through all the teams.

Cost: \$10 members/ \$15 non-members

Cupid shirt included



**Not Racing but want to help??**

**We could use volunteers to help in this event either as lap counters on Friday or road marshals on Saturday. If interested please contact Noel at the Fitness Center.**





FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Family YMCA of Baker County



# Cupid Swim & Run

Participant Agreement I approve this registration and certify that I am capable of such an experience. The Family YMCA of Baker County provides many recreational activities to the public. YMCA participants understand that recreational activities do involve inherent risks which are beyond the control of the Family YMCA of Baker County, their staff, volunteers and members. We do understand that upon using the facility and /or services that we hereby assume all risks for the behavior, actions, and safety of myself, my minor child or children while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activities. In case of accident or illness, the YMCA is authorized to secure emergency medical treatment. I have read and understand this agreement and release liability, and do voluntarily agree. I give the YMCA permission to utilize pictures of me and/or my family in YMCA marketing, promotions, and print media.

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

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

Family YMCA of Baker County  
2021 Main St. Baker City, OR. 97814

P 541 523 4050

[www.bakerymca.org](http://www.bakerymca.org)

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

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

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

Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Partner: \_\_\_\_\_

