



Minnewaska Distance Swimmers Association

MDSA · P.O. Box 233 · New Paltz, NY 12561 · (845) 895-5012
www.minnewaskaswimmers.org info@minnewaskaswimmers.org

This is your **ONLY** chance to renew your MDSA membership quickly and easily. Don't toss this letter on your "to do" pile, but rather renew now. So please, send us your \$25 check, the signed "Release," and the Swimmer Information form now! Note renewals after May 31st are \$30.

Spring 2024

Dear MDSA member:

Our 2024 summer season at Lake Minnewaska will open on Saturday June 15th at 11 A.M. and continue through at least Labor Day September 2nd. Don't miss the spectacular pink and white mountain laurel display at our beach in late June.

To recertify as an MDSA member, here is all you need to do **if you do not renew online**:

1. Please read the NY State "Risk and Release" form carefully and fill it out completely.
2. Fill out the revised Swimmer Information form.*
3. Enclose a \$25 check made out to MDSA.**
4. Enclose a self-addressed envelope with a stamp on it. Send the Swimmers Information form, the Release form, the stamped envelope, and your check to MDSA, P.O. Box 233, New Paltz, NY 12561. Please do this now while you are thinking about it.

Do not send us your membership card. We will send you back a '24 sticker to affix to your card. **If your membership card has disintegrated or is hopelessly lost, send a photo, a SASE, and \$1.00 to Julia Rose, 355 Stonykill Road, Accord, NY 12404 and tell her your card color.**

VOLUNTEERS ARE THE LIFEBLOOD OF THE MDSA: Please ... find a few hours in your life to give back to those of us who work hard to keep the MDSA going. We especially need: (1) lots of Swim Testers; (2) lots of Volunteer Guides. PLEASE email us to volunteer, and check the boxes on the enclosed Swimmer Information form.

Yours for the long swim,
— JUDY MAGE, Co-coordinator
— STEPHANIE BLUDAU TOR, Co-coordinator
— KRISTINE LOGAN, Co-coordinator
— DORIS CHORNY, Secretary
— NANCY REEDER, Treasurer
for the MDSA Board

*We need your email address if you have one. It will not be shared. (If you have SPAM control, please make sure that messages from info@minnewaskaswimmers.org are not deleted.)

**If you were a volunteer last year who worked eight or more hours on MDSA business, you have the option of waiving the membership fee. Write "Volunteer, 8 hours" on the Swimmer Information form.

AS ALWAYS, WE REALLY NEED ACTIVE VOLUNTEERS

We recognize that some of our members prefer not to pay via computer, but we assure you that our site is secure and has been used successfully in past seasons. So we suggest that you **please consider renewing and paying online**. (Instructions are under Current Member Login on www.minnewaskaswimmers.org). This will save our volunteers time and will help sustain MDSA in the long run. If you prefer, however, the postal mail option remains, as outlined in this letter.

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\$ PAID: _____
CHECK #: _____
DATE: _____

Swimmer Information Form — Current Member Renewal (use only if you have **NOT** renewed online)

PLEASE PRINT CLEARLY:

NAME: _____ PHONE(s): (____) _____ ; (____) _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

NOTE: email addresses are **very** important to MDSA and will not be shared; please **PRINT** legibly.

EMAIL: _____ Please check here if your email has changed

EMERGENCY CONTACT — **REQUIRED:** (name) _____

(phone) _____

MDSA is on Facebook: Unless you are sure you'll have a regular swimming companion who is also an MDSA member, go online to **Facebook** and request to join our **Facebook Group** Minnewaska Distance Swimmers Association, where, e.g., you can also exchange information regarding swimming or housing exchanges.

VOLUNTEER OPPORTUNITIES: We cannot maintain this organization and our minimal membership fee without help from our members. Please consider where you could volunteer. Whatever time you have would be appreciated.

~EVEN IF YOU HAVE VOLUNTEERED BEFORE, PLEASE RE-VOLUNTEER BY CHECKING BELOW~

- Computer assistance
- Clerical assistance — mailings, maintaining supplies, phone calls, etc.
- Swimming tester — be part of a team to test new members
- Volunteer guide — take a two-hour Saturday or Sunday shift at our MDSA beach to promote safe usage, explain membership criteria to public, etc.
- Treasurer assistance
- Miscellaneous (your suggestions): _____

Please do not forget to include \$25 dues per member.

If you volunteered for **eight or more hours** last year you have the right to free membership for the current season. Please check **Volunteered:** and briefly state below for what you volunteered. Thank you!

**THE NEW YORK STATE OFFICE OF PARKS, RECREATION
AND HISTORIC PRESERVATION**

CURRENT MEMBER ACKNOWLEDGMENT OF RISK AND RELEASE

I, _____ affirm that I am a competent swimmer, am in good health, and I am over the age of eighteen. I certify that since I passed the test for swimming ability administered by the MDSA, that I have suffered no illness or injury that would prevent me from swimming laps safely at the MDSA permitted lap swimming area at Lake Minnewaska. I understand that swimming, especially in unguarded areas, because of its nature, carries with it a possibility of personal injury and possibly death to myself, other participants, and third parties. I understand that in case of emergency lifeguards will not be available to assist in a timely fashion. I acknowledge that the Office of Parks, Recreation and Historic Preservation and the Palisades Interstate Park Commission agree to permit me to engage in this activity on State lands only upon my assumption of responsibility for any injury to myself, other participants, or third parties which may result from engaging in this activity.

Therefore, in consideration of the State permitting me to utilize the “family beach” at Lake Minnewaska to engage in unguarded lap swimming, I hereby assume all risks involved in said activity and forever discharge, release and absolve the State of New York, the New York State Office of Parks, Recreation and Historic Preservation, the Palisades Interstate Park Commission, the MDSA, and its officers, agents, employees from any and all liability for damage or personal injury, including death, which may result from my participation in lap swimming in an unguarded area. I furthermore agree to defend, indemnify, and keep harmless the People of the State of New York, the Office of Parks, Recreation and Historic Preservation, the Palisades Interstate Park Commission, the MDSA, its commissioners, officers, agents and employees from all claims, suits, actions, damages, and costs of every nature and description which might result from the conduct of activities under this permit. This release shall be binding upon my executors, administrators, next of kin and assigns.

In addition, I acknowledge that the Vehicle Use Fee paid was for the use of the roadways and parking lot in the park and is not a fee to engage in any recreational activity, including the activities covered under the permit.

Name (print)

Signature

Date

Address: _____



Certification by Organization indicating that such individual has complied with testing requirements.