

2009 ONE EVENT REGISTRATION FORM



U.S. MASTERS SWIMMING

Register with same name you will use for competition. Print clearly.

Last Name		First Name		Init	For Office Use
Street				Apt	
City		State	Zip	Phone No. ()	
Date of Birth		Age	Sex	Today's Date	
Mo.	Day	Yr		Mo	Day Yr

2009 ONE EVENT MEMBERSHIP APPLICATION

OEVT - One Event Membership **Event Date:**

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters Swimming (training and competition). including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

Signature _____

Make check payable to:
Mail Check to:

USMS Fee: \$10.00
 LMSC Fee: \$12.00
TOTAL FEE \$22.00

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