



# 2012 Swim Across America Long Beach

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender (circle one): Male / Female Birthdate: \_\_\_\_\_ USMS # \_\_\_\_\_

Club Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Event (circle one): 100m 800m 1.5K 5K 10K Wetsuit/Fin (circle one): Yes / No

Sanction by Southern Pacific Masters Swimming for USMS, Inc. Sanction Number: 332-W011

### Please read and sign the liability release:

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 INDIVIDUAL OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

Signed (Applicant):

Date:

\_\_\_\_\_

\_\_\_\_\_

Signed (Parent/Guardian if under 18):

Date:

\_\_\_\_\_

\_\_\_\_\_

Please mail checks to: Swim Across America  
One International Place, Suite 4600  
Boston, MA 02110