

ENTRY FORM
O*H*I*O MASTERS PENTATHLON SWIM MEET - SHORT COURSE 25 YARDS
AKRON GENERAL HEALTH & WELLNESS CENTER - NORTH
NOVEMBER 4, 2012
USMS SANCTION: # (Pending)

NAME _____ SEX ____ AGE ON Nov. 4, 2012 ____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

PHONE _____ TEAM _____ or UNattached ____ USMS # _____ (with copy of card)

Enter one Pentathlon Event - either the Mini-Pentathlon (50's with the 100 yard IM) or the Maxi-Pentathlon (100's with the 200 yard IM). You can also swim individual events if you do not wish to swim the Pentathlon. Please enter seed times for each of your events.

SEEDTIME / BEST GUESS			
#	EVENT	MINI-PENTATHLON	MAXI-PENTATHLON
1	50 BUTTERFLY		
2	100 BUTTERFLY		
3	50 BACKSTROKE		
4	100 BACKSTROKE		
15 MINUTE BREAK / WARM UP			
5	50 BREASTSTROKE		
6	100 BREASTSTROKE		
7	50 FREESTYLE		
8	100 FREESTYLE		
15 MINUTE BREAK / WARM UP			
9	100 INDIVIDUAL MEDLEY		
10	200 INDIVIDUAL MEDLEY		
10 MINUTE BREAK / WARM UP			
11	200 MEDLEY RELAY		
12	400 MEDLEY RELAY		

ENTRY FEES: Pentathlon \$15.00 = \$ _____ OR
 Individual events _____ x \$5.00 = \$ _____
 Deck Entry - Pentathlon _____ \$18.00 = \$ _____ OR
 Deck Entry - Individ. Event _____ x \$6.00 = \$ _____
 Surcharge = \$ 5.00
 Discount (O*H*I*O swimmers only) (-\$5.00) = \$ _____
 (not for deck entries) TOTAL: \$ _____

Deadline : November 4, 2012. Make checks payable to: **O*H*I*O MASTERS SWIM CLUB.** Mail to: Meet Director, P.O. Box 43824, Cleveland, Ohio 44143

Release by Participant from Liability:

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 _____ Date _____

Sanctioned by Lake Erie LMSC for USMS, Inc. # (Pending)