2013 I.M. Xtreme Challenge Invitational

**2013 Entry Form**

*Times achieved at this competition will not be submitted for USMS Top Ten or record consideration.*

*This meet is sanctioned by Snake River LMSC for USMS Swimming, Inc. Sanction #xxxxxxx.*

Name:

Email:

Phone:

USMS Registration Number (required):

You can obtain your USMS registration number at <http://www.usms.org>. Sign in, click on

“My USMS”. Click on “Retrieve a copy of your current USMS card”.

Events you want to enter:

|  |  |  |
| --- | --- | --- |
| **Event Number** | **Description** | **Best time** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Teams using Hy-Tek Meet Manager can send entries to [admin@idahofallsswimteam.com](mailto:admin@idahofallsswimteam.com), (preferred) or saved on a CD, and include a printout of the entries.

Individual entries can be submitted using this form, either online or by US mail. Please mail meet entry fee ($22.00) and entry form, if necessary, to the following address (must be received by April 19, 2013).

IFST Piranhas

PO Box 2004

Idaho Falls, Id 83404

*I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by my 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 ACTIVITES. In addition, I agree to abide by and be governed by the rules of USMS. (Rule book article 204.1)*

Your submission of this entry form indicates your agreement with the above statement. Paper entries must be signed and dated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date