CORNERSTONE AQUATICS CENTER 2014 HARVEST MEET Sunday, November 16, 2014 8AM Warm-up; Meet begins at 9:00AM

25-yard, seven-lane meet w/ three continuous warmup/warmdown lanes

Name: USMS/MSC #: Gender: Age on 12/31/14: Date of Birth: Address:	Swimmer I	nformation				
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All entries must be received (**NOT** postmarked) by November 10, 2014). No deck entries. Make checks payable to Cornerstone Aquatics Center

Mail Entry Form, Waiver (see reverse/second page), Copy of USMS Card, & Payment to: Cornerstone Aquatics Center / 55 Buena Vista Rd. / West Hartford, CT 06107 **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 THIS MEET 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, AQUATICS FOR LIFE, INC., THE TOWN OF WEST HARTFORD 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. (Rule book article 2014.1)

SIGNATURE: _	DATE:
PRINT NAME:	