

EVENT REGISTRATION FORM (complete & email to: minnetonkachallenge@gmail.com)

Check one: Individual or Relay **Check one:** Men Women Mixed

Relay Name: _____

1st Swimmer (2 mi) _____ USMS # _____

2nd Swimmer (2 mi) _____ USMS # _____

3rd Swimmer (1 mi) _____ USMS # _____

Individual:

Name _____ USMS # _____

Address _____ City _____ Zip _____

Email _____ Phone _____

Age Group as of July 30, 2011 (relay age group is dependant on the youngest relay member)

18+ 25+ 30+ 35+ 40+ 45+ 50+ 55+ 60+ 65+ 70+ 75+

T-shirt Size (guaranteed to all participants registered by July 8):

Adult XS Adult S Adult M Adult L Adult XL Adult XXL

T-Shirts available to order for paddlers, etc. (\$15 each):

Size Adult XS Adult S Adult M Adult L Adult XL Adult XXL

Qty _____ x \$15 = Total \$ _____

I the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by 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 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. Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming and agree to assume those risks.

Signature _____ Date _____

I confirm receipt of and adherence to escort boat rules.

Event (\$45 each) _____ + Extra t-shirts (\$15 each) \$ _____ = Total \$ _____



For more information contact Scott Tripps: scott.tripps@mchsi.com

