

MEET ENTRY FORM

DATE: _____

COACH: _____

PHONE: _____

TEAM NAME: _____

#	SWIMMER'S NAME	AGE	SEX	EVENT NUMBERS WITH EVENT TIMES BELOW							Total Events
1											
	USMS#										
2											
	USMS#										
3											
	USMS#										
4											
	USMS#										
5											
	USMS#										

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.

Swimmer's Name (PRINTED) _____

Swimmer's Signature _____



DECLARATION OF INTENT

To swim a dual-sanctioned meet as a Masters swimmer

MEET INFORMATION

Name _____

Location _____

Dates _____

USMS Sanction Number _____

SWIMMER INFORMATION

Name _____

USMS Number _____

Events entered _____

Instructions

This form must be completed prior to competition.

Complete two copies. Give one copy to the meet director prior to competition and one copy to the LMSC Top Ten Recorder.

It is the responsibility of the swimmer to complete and submit this paperwork.

I hereby declare my intent to swim this dual sanctioned meet as a Masters swimmer.

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 _____ Time _____