

The 2013 Iditaswim Check Off Challenge

Sanctioned by Alaska Masters Swimming LMSC for USMS, Inc. # _____

Get On The Swimming Trail and set your goals for 2013.
PARTICIPATE IN THE ALASKAN IDITASWIM!

Please Print Clearly:

Name _____ Sex _____

Age on 1/1/13 _____ Birthdate ____ / ____ / ____
mon day year

Address: _____ City _____ State _____ Zip _____

Phone (____) _____ - _____ E-mail _____

Team of Club _____ USMS # _____

T-Shirt Qty: ____ S ____ M ____ L ____ XL ____ XXL @ \$ _____ ea = \$ _____

Ship to (if different than above):

Name _____

Address _____ City _____ State _____ Zip _____

Liability Release Waiver: 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, EVENT SPONSORS, EVENT COMMITTEES, OR ANY INDIVIDUALS SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

SIGNED: _____ DATE: _____

Please visit www.usms.org/fitness for additional entry forms.

Mail this form and your check to:

Alaska Masters Swimming
Attention: Check-Off Challenge
P. O. Box 2953
Soldotna, AK 99669

Contact person: Joanne Wainwright joswims@alaska.net 907-262-5308