

The Riviera Swim Team

Shoot Out at the Riviera

June 29, 2013

MASTERS INDIVIDUAL ENTRY FORM

ENTRY FLAT FEE =\$25.00

(Includes; 3 events, all fees, admission and T-Shirt)

EVENT	Women	50 Meter	Men	EVENT
11	Time:	BACK	Time:	12
23	Time:	BREAST	Time:	24
35	Time:	FREE	Time:	36
47		FLY		48

Name _____

Team _____ USMS# _____

Date of Birth _____ Age as of 12/31/13 _____

Address _____

City, State Zip _____

Phone _____

Shirt Size: ☐ SM ☐ MED ☐ LRG ☐ XL

Email: _____

Waiver for MASTERS



Liability 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 these 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 ANY AND ALL CLAIMS, DEMANDS OR CAUSES OF ACTION FOR LOSS, DAMAGES OR PERSONAL INJURIES, INCLUDING ALL CLAIMS, DEMANDS OR CAUSES OF ACTION FOR LOSS, DAMAGES OR PERSONAL INJURIES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, INDY AQUATIC MASTERS, ITS ELECTED OFFICIALS, OFFICERS, EMPLOYEES, VOLUNTEERS, REPRESENTATIVES, ATTORNEYS AND AGENTS, 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**.

Print name: _____ Signature of Participant: _____

Date: _____

MAIL TO:

Mel Goldstein

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