

Consolidated Entry Form • Pacific Masters Swimming

Name (as it appears on registration card)		USMS Number	
Street		Number of Events Entered	
City		State	Zipcode
Phone		Age	Birthday
Club	Club Abbreviation	Sex M F	Entry Fee

1. Place USMS card in this space.
2. Photocopy with consolidated card.
3. Send in photocopy with each entry.

For a cardless meet, enter your times in the table below:

Event No.	Estimated Time	Distance - Stroke		Event No.	Estimated Time	Distance - Stroke
	: :				: :	
	: :				: :	
	: :				: :	
	: :				: :	
	: :				: :	

“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. For Open Water Events: In addition, I specifically acknowledge that I am aware of all the risks inherent in open water swimming and agree to assume those risks.”

Name of Meet / Event	Date of Meet / Event	Signature
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