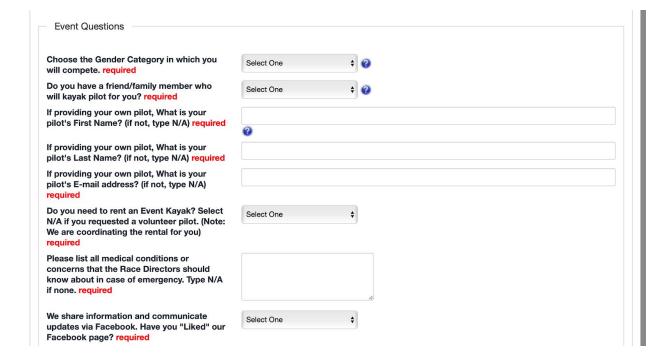
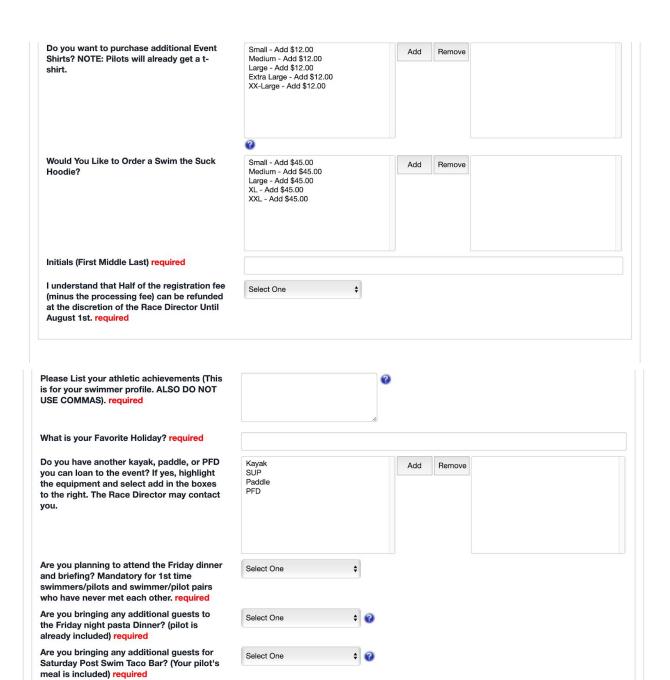


Personal Inform	nation	Address
irst Name*		Address Line 1*
.ast Name*		Address Line 2
Birthdate*	Jan	City*
Gender*	Select One \$	State/Province* Select C \$
	Select Offe	000000
Shirt Size*	Select One	Zip/Postal Code*
contact Informational		Zip/Postal Code* Emergency Contact Contact Name* Contact Phone*





iver:*	
RTICIPANT WAIVER AND RELEASE OF LIABILITY, ASSUM	PTION OF RISK, AND INDEMNITY AGREEMENT
	Inc. ("USMS") allowing me, the undersigned, to participate in any USMS sanctioned or approved activity,
	swim programs; swimming tryouts; fitness and training programs (including dryland training); swim
	meets; open water competitions; local, regional, and national competitions and championships (both pool
d open water); and related activities ("Event" or "Events"); I	, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal
ial if you are:*:*	
The participant and you are over 18 years of age	
The parent/legal guardian of the participant who is under 1	
The legal guardian of the participant who is incapacitated a	and/or mentally challenged