

# Great Bay Masters Swimming, Inc. 2007 Renewal Form



**Please make any updates/corrections in the appropriate box. Print clearly.**

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone	
Date of Birth (mm/dd/yy)	Age	Sex	E-mail address	
2006 USMS Number		Today's Date		

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, 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 (required):** \_\_\_\_\_

\$35 membership fee if joining between November 1, 2006 to August 31, 2007  
In addition to the above mandatory fee, I select the following optional contributions:

\$\_\_\_ I am contributing this additional amount to Great Bay Masters Swimming, Inc.

\$\_\_\_ I am contributing \$1 (or more) to the USMS Foundation (tax deductible).

\$\_\_\_ I am contributing \$1 (or more) to the International Swimming Hall of Fame (tax deductible).

\$ \_\_\_\_\_ Total of my check payable to "NELMSC" and mailed with this form to:

**New England LMSC Registrar, PO Box 206, Londonderry, NH 03053-0206**

\_\_\_ Check here only if you do not want to receive E-mails from GBM.

Your Great Bay Masters Swimming 2007 membership includes your USMS membership and a subscription to the bimonthly USMS *SWIMMER* magazine through Jan/Feb 2007 (\$8.00 of the annual dues is designated for the magazine subscription). Members of United States Masters Swimming are covered with secondary accident insurance in practices supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered and in USMS sanctioned meets where all competitors are USMS registered. The United States Masters Swimming policy on the privacy of member information is at: [www.usms.org/admin/privacy.shtml](http://www.usms.org/admin/privacy.shtml)