

New England - LMSC

2011 REGISTRATION FORM – Best Value

Fill out this part if joining for the year (all * fields MUST be filled in. USMS fees covered for all Open Water and swim meets until 12/31/2011)

Last Name*		First Name*		MI
Street Address*				
City / State / Zip*			Phone*	
DOB*	Age*	Sex (circle)* M F	Today's Date*	
Check one club <input checked="" type="checkbox"/> *			Workout Group (optional)	
<input type="checkbox"/> New England Masters <input type="checkbox"/> Great Bay Masters <input type="checkbox"/> Maine Masters				
EMAIL ADDRESS				

Total Fee Required: \$40

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. I grant permission to U.S. Masters Swimming and its affiliates to use my likeness and/or image in photographs, video, motion pictures, recordings, or any other record for legitimate purpose.

Signature (required): _____

2011 ONE EVENT REGISTRATION FORM

Fill out this part if joining for one day (all * fields MUST be filled in. Good for this Open Water Event ONLY)

Last Name*		First Name*		MI
Street Address*				
City / State / Zip*			Phone*	
DOB*	Age*	Sex (circle)* M F	Today's Date*	
EMAIL ADDRESS				

Total Fee Required: \$25

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. I grant permission to U.S. Masters Swimming and its affiliates to use my likeness and/or image in photographs, video, motion pictures, recordings, or any other record for legitimate purpose.

Signature (required): _____