

Vermont Masters Swim Club 2009 Membership Renewal

2008 Registration # _____

Please make any 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		
Workout Group		Pool		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): _____

2009 Membership Fee - \$30.00 (11/01/2008 – 12/31/2009)

_____ I wish to contribute \$1.00 (or \$_____)
to the International Swimming Hall of Fame
Foundation. I have added this amount to my 2008
registration fees.

_____ I wish to contribute \$1.00 (or \$_____)
to the United States Masters Swimming
Foundation. I have added this amount to my 2008
registration fees.

Total Amount _____ **Enclosed**

Benefits of Membership include: A subscription to USMS's *SWIMMER* magazine during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription).

USMS Registered swimmers are covered with secondary accident insurance:

- 1) in practices supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered.
- 2) in USMS sanctioned meets where all competitors are USMS registered.

Make check payable to: New England LMSC (NELMSC)
Mail check and completed form to: New England LMSC Registrar
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Londonderry, NH 03053-0206