



Race-day  
registration  
and waiver  
form  
July 9, 2016

# MARYLAND SWIM FOR LIFE

Sanctioned by Maryland LMSC for USMS, Inc., Sanction No. Pending

Distance (circle one): 1-mile 2-miles 3-miles 4-miles 5-miles **2.4-Mile Triathlon Challenge**

Name: \_\_\_\_\_  
*(Exactly as it appears on USMS registration card; last, first, middle initial)*

Bib Number Assigned: \_\_\_\_\_

Registration Type (circle either A or B):

A.) USMS Member - USMS No: \_\_\_\_\_ USMS Club ID: \_\_\_\_\_ DCAC (circle) or Other (4-Letter Code): \_\_\_\_\_

B.) Non-USMS Member (\$30.00 One-Time Member Fee (OEVT))  
*(if not a current USMS member, attach executed one-event membership form)*

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: \_\_\_\_ Age: \_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Donations Submitted Race Day: Total: \$ \_\_\_\_ . \_\_\_\_ via: Cash: \$ \_\_\_\_ Check(s): \$ \_\_\_\_ Charge: \$ \_\_\_\_

Fees (Circle one): \$25.00 (Registration Fee) **or** via: Cash (circle) Check # \_\_\_\_\_ Charge # \_\_\_\_\_  
\$55.00 (Registration + OEVT Fees)

**PLEASE READ:**

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. FINALLY, I SPECIFICALLY ACKNOWLEDGE THAT I AM AWARE OF ALL THE RISKS INHERENT IN OPEN WATER SWIMMING AND AGREE TO ASSUME THOSE RISKS.

I UNDERSTAND THAT AT THIS EVENT OR RELATED ACTIVITIES, I MAY BE PHOTOGRAPHED. I AGREE TO ALLOW MY PHOTO, VIDEO OR FILM LIKENESS TO BE USED FOR ANY LEGITIMATE PURPOSE BY THE EVENT HOLDERS, PRODUCERS, SPONSORS, ORGANIZERS AND OR ASSIGNS.

*I certify that I have read this document, and understand its content.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_