



# 2014 One Event Registration Form

Register with the same name you will use for competition. **Please Print clearly.**

|                          |     |                        |                         |    |
|--------------------------|-----|------------------------|-------------------------|----|
| Last Name                |     | First Name             |                         | MI |
| Street Address           |     |                        |                         |    |
| City/State/Zip           |     |                        | Phone                   |    |
| Date of Birth (mm/dd/yy) | Age | Sex (circle)<br>M    F | E-mail address          |    |
| Event Name:              |     |                        | Today's Date (required) |    |

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 ACTIVITES. In addition, I agree to abide by and be governed by the rules of USMS.

**Signature (required):** \_\_\_\_\_

**Make a check for \$20.00 payable to: PNA** (\$12.00 of the fee goes to USMS, \$8.00 to the LMSC)

**Meet Director, please mail check and completed form to:**

Arni Litt, Registrar  
PO Box 12172  
Seattle, WA 98102-0172