

# RED RIVER MASTERS SWIM CLUB

## Member Information

Name:	Birth Date:
Mailing Address:	
City & Zip Code:	
Phone Number:	
E-mail address:	
Emergency Contact Name	Emergency Contact's Phone #:
Are you certified in CPR?    Yes      No	Would you be interested in volunteering for the social committee?    Yes      No
Do you have any medical conditions that would be helpful to know about in case of emergency?	
How did you hear about Red River Masters Swim Club? <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Member Referral <input type="checkbox"/> Triathlon Club <input type="checkbox"/> Brochure from: _____ <input type="checkbox"/> Other: _____	
What are your main goals being a part of Red River Masters Swim Club?	

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

\_\_\_\_\_  
Date