

ONE HOUR SWIM



1/22/2011

B.C.S.C.C.
1200 Cleveland
Little Rock
25 Meter Pool

Warm up 9:30 AM
First Heat 10:00 AM
U.S.M.S. SANCTION
PENDING

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

USMS# _____ USMS Team _____ AGE _____ SEX M/F

Each contestant must bring a counter for his or her swim **OR** be willing to time in a heat before or after their heat.

Each contestant will swim a total of one hour and record the distance completed in the one-hour time. 1,500 splits will be available.

Entry Fee; \$15.00 Pre entry (\$20.00 on pool deck) Payable to Arkansas Master Swim club

CERTIFICATES WILL BE AWARDED TO ALL PARTICIPANTS

Mail completed entry and checks to:

Ron Bank
80 Pebble Beach Drive
Little Rock, AR 72212

TEL 501-680-0612
FAX 501-223-4943

Please read and sign the following waiver and release form:

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 the risks inherent in Masters Swimming (training and competition) including possible permanent disability or death, and agree to assume all those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCEDENT THERETO, I HERELY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY NEGLIGENCE, AVTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SOPNSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPRVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of United States Masters Swimming.

Signed _____ Date _____