



United States Masters Swimming (USMS) is a national organization that provides organized workouts, competitions, clinics and workshops for adults aged 18 and over. Programs are open to all adult swimmers (fitness, triathlete, competitive, non-competitive) who are dedicated to improving their fitness through swimming.

All USMS programs are designed to help swimmers improve fitness and/or train for specific goals, and offer active support for a healthy lifestyle through friendship, and camaraderie.



Greater Indiana Master Swimming Association THIRTY DAY WAIVER

(To be used by a swimmer who wants to experience US Masters Swimming prior to joining)

This registration form will be in effect for 30 days from the date on which the swimmer signed the waiver. This form allows a potential member to participate in practices where all swimmers are members of US Masters Swimming during the 30 day period.

NOTE: the club or workout group will keep a copy of the waiver and send the original to the GRIN LMSC Registrar. Send this form to:

Syd Latina
5463 Hollow Oak Ct #1B
Indianapolis, IN 462503
svdlatina@gmail.com

SWIMMERS ARE ALLOWED ONE 30 DAY WAIVER PER MEMBERSHIP YEAR

This form submitted by _____ Club/Workout Group _____

PRINT CLEARLY OR TYPE

Name _____ Gender M F

Address _____

City _____ State _____ Zip code _____

Date of birth _____ E-mail address _____

Phone Number _____ Fax _____ Work/Cell _____

RELEASE FROM LIABILITY: 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 US Masters Swimming (training and competition), including the possibility of permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE US 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 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 INDIVIDUAL OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be covered by the rules of US Masters Swimming.

Date _____ Signature _____