



**2010 ONE EVENT REGISTRATION FORM (OEVT)**  
**PLEASE PRINT LEGIBLY THE NAME YOU WILL USE IN COMPETITION**

Last Name		First Name	Mid Initial	Jr, Sr, III, etc	EVENT DATE: May 29-30, 2010 EVENT NAME: Jim McDonnell Lake Swims & Open Water Clinic
Street Address					
City		State	Zip		<b>Fee \$20</b> <b>Pay to: Reston Masters</b> Complete, sign and mail to: RMST 1415 Aldenham Ln Reston, VA 20190
Phone Number ( )		Birthdate (mm/dd/yy)	Age	Sex	
<b>Unattached</b>	<input type="checkbox"/> I wish to contribute \$1 (or \$ ) to the USMS Foundation <input type="checkbox"/> I wish to contribute \$1 (or \$ ) to the Intl Swimming Hall of Fame Foundation <input type="checkbox"/> I have added these amounts to my registration fees.				
	<input type="checkbox"/> Check here if you coach Masters Swimmers.				

"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 \_\_\_\_\_ EMAIL \_\_\_\_\_

**Use of Image/Likeness:** I grant permission to U.S. Masters Swimming and its affiliates to use my likeness and/or image in photographs, video, motion pictures, recordings, or any other record for legitimate purpose.

(\$8 of the membership fee supports the PVLMSC; \$12 supports USMS)

⌘ ⌘ ⌘ PLEASE CUT ON LINE ⌘ ⌘ ⌘

**TO REGISTER:**

1. Print form and cut along dotted line.
2. Complete all information (note you must be Unattached for OEVT).
3. Sign form and mail to Lynn Hazlewood, 1415 Aldenham Ln, Reston, VA 20190 or scan form and email to [lynhzlwd@usms.org](mailto:lynhzlwd@usms.org).

**ADDITIONAL NOTES:**

1. Your USMS Registration will only be valid 5/29/10 – 5/30/10.
2. The donations to the two foundations are tax deductible.
3. No membership card will be issued for OEVT.
4. Meet results for OEVTs are not eligible for Top Ten tabulation, All-American status, national or world records, or any other USMS special awards.