

PELUSO OPEN WATER

Open Water Swim Training For Triathletes

BIOGRAPHICAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City, State, Zip: _____ Phone: (_____) _____ - _____

Email Address: _____ Age: _____ Sex: _____

FEES

Drop-In Fee Paid Drop-In Fee Coupon (Attach coupon to form) Drop-In fee by Credit Card

Card Type: Visa Amex MC Discover Name on Card: _____

Card No. _____ Exp. Date _____ 3 (4)Digit-CCV: _____

By providing this information I authorize Peluso Open Water to charge my drop-in fee to this credit card.



USMS Member Non-USMS Member

USMS Member Number _____

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 RIGHTSTO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE OF THE FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide and be governed by the rules of USMS.

Signature (required) _____ Date _____