

2016 One Year Membership Application

Gulf Region - administered by the Gulf Masters Swim Committee (GMSC) (<http://www.GulfMastersSwimming.org>)



Please check one:

- New Swimmer; First Time with WMST – 2 Week Trial Form and Waiver
- Returning WMST Swimmer (Year left: _____ allow one week to reactivate your membership)
- Other: (application or out of town visitor waiver) _____

Register with the same name you will use for competition. Please print clearly, preferably with a **black pen**

Member Identification

First Name: _____

Middle Initial: _____

Last Name: _____

Suffix: _____

Birth Date: (MM/DD/YYYY) _____

Gender: (M/F) _____

Mailing Information

Country: (leave blank if USA) _____

Street: _____

City: _____

State: _____

Zip Code: _____

Contact Information

Primary Phone: _____

Contact via text? (Y/N) _____

Secondary Phone: _____

Contact via text? (Y/N) _____

Alternate Phone: _____

Contact via text? (Y/N) _____

Required: Email Address:

Email Address (Secondary): _____

Member Affiliations

Certified Swimming Official

Masters Coach

Exclusions

Exclude from Sponsor Mail

Exclude from *SWIMMER* Magazine

Exclude from Birthday Emails

Registrar's Notes

Club

Woodlands Masters Swim Team (WMST-007)

Info

Important Instructions:
 Fill out both pages of this form. Page 1 is the application (this page); Page 2 is the participant waiver. **Both pages** must be signed and dated by the participant.
 Returning participants should register with USMS/WMST for 2016 & 2017 membership online at <http://www.usms.org/reg>. Contact WMST Team Administrator if payment by check is required. The WMST Team Administrator will follow-up with New Participants during the 2-week trial period to complete USMS/WMST registration.

Signature

Signature _____ Date: _____

Mo. Day Yr.

Fees

(May be reduced to \$25 on 1 Sep 16, thereafter)	USMS Fee:	\$ 39	Documents can be mailed to WMST at: WMST Administrator P.O. Box 7084 The Woodlands, TX 77387-7084
	GMSC Fee: :	\$ 8	
(May be reduced to \$10 on 1 Sep 16, thereafter)	WMST Fee:	\$ 25	
Donation to the USMS "Swimming Saves Lives" Fund (\$1 suggested):		\$	
Donation to the International Swimming Hall of Fame (\$1 suggested):		\$	
	Total:	\$	WMST Administrator: Tracy Shoemaker – WMST@wmst.net

NOTES:
 a) All registrations will expire on 31 Dec 16.
 b) Registrations after 31 Oct 16 can be registered as 2016 members.

Benefits of Membership include: A Subscription to USMS's magazine, *USMS SWIMMER*, during the length of the membership year and periodic mailings from the GMSC. USMS Registered swimmers are covered with secondary accident insurance in practices supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered and in USMS sanctioned meets where all competitors are USMS registered.

Please list the pool(s) where you swim: _____

WMST Swimmers:

> **We do need to have at least one e-mail address.** We apologize for being emphatic about this but we do need to communicate with you and we will protect your privacy.

Should you have any questions, your WMST Team Administrator is Tracy Shoemaker: WMST@wmst.net

Please sign the back ----->



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PARTICIPANT WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

For and in consideration of United States Masters Swimming, Inc. ("USMS") allowing me, the undersigned, to participate in any USMS sanctioned or approved activity, including swimming camps, clinics, and exhibitions; learn-to-swim programs; swimming tryouts; fitness and training programs (including dryland training); swim practices and workouts (for both pool and open water); pool meets; open water competitions; local, regional, and national competitions and championships (both pool and open water); and related activities ("Event" or "Events"); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement");

1. I hereby certify and represent that (i) I am in good health and in proper physical condition to participate in the Events; and (ii) I have not been advised of any medical conditions that would impair my ability to safely participate in the Events. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Events.
2. I acknowledge the inherent risks associated with the sport of swimming. I understand that my participation involves risks and dangers, which include, without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and death (from drowning or other causes); loss of or damage to personal property and equipment; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with natural or manmade objects; dangers arising from adverse weather conditions; imperfect water conditions; water and surface hazards; facility issues; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses that I incur as a result of my participation in any Events.
3. I agree to be familiar with and to abide by the Rules and Regulations established by USMS, including any safety regulations. I accept sole responsibility for my own conduct and actions while participating in the Events.
4. I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USMS, its members, clubs, workout groups, event hosts, employees, and volunteers (including, but not limited to, event directors, coaches, officials, judges, timers, safety marshals, lifeguards, and support boat owners and operators); the USMS Swimming Saves Lives Foundation; USMS Local Masters Swimming Committees (LMSCs); the Event organizers and promoters, sponsors and advertisers; pool facility, lake and property owners or operators hosting the Events; law enforcement agencies and other public entities providing support for the Events; and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees, and volunteers (individually and collectively, the "Released Parties"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys' fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.
5. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.

I hereby warrant that I am of legal age and competent to enter into this Agreement, that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns), acknowledge that I have signed this Agreement without any inducement, assurance, or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Revised: 01 July 2014

Last Name	First Name	MI	Sex (circle) M F	Date of Birth (mm/dd/yy)
Street Address, City, State, Zip				
Signature of Participant				Date Signed

Should you have any questions, your WMST Team Administrator is Tracy Shoemaker, WMST@wmst.net