

DES MOINES MASTERS SWIM MEET

Sunday, February 2, 2003

Recognized by Iowa LSMC for USMS, Inc. Recognition Number 40103R
YWCA Of Greater Des Moines 717 Grand Avenue Des Moines, IA
Warm-up Starts 1:00pm Meet Starts 2:00pm

Entry Fee: \$15.00 if entry received before Friday, January 31, 2003
\$20.00 fee for late entries. Deck entries will be accepted until just before the start of the meet. Late entries will be placed in slower heats.
(Both entry fees include a 50 cent "splash fee" for the perpetuation of Iowa Masters.)

Mail Entries To: Rachel Stauffer, 424 51st Street, Des Moines, IA 50312
Make checks payable to: **Rachel Stauffer**
For further information contact Rachel 515-277-8852.

Age Groups: (circle one) 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+

Circle up to five individual events and add a time or NT (no time):

- | | |
|---------------------------------|--------------------------------|
| 1. 200 Freestyle _____ | 9. 50 Freestyle _____ |
| 2. 100 Backstroke _____ | 10. 100 Fly _____ |
| 3. 100 Breaststroke _____ | 11. 200 Mixed Free Relay _____ |
| 4. 200 I.M. _____ | 12. 50 Breaststroke _____ |
| 5. 200 Mixed Medley Relay _____ | 13. 100 Freestyle _____ |
| 6. 50 Butterfly _____ | 14. 400 I.M. _____ |
| 7. 50 Backstroke _____ | 15. 1000/1650 Freestyle _____ |
| 8. 100 I.M. _____ | (Choose one distance) |
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Name: _____ Phone: _____

Address: _____ Birthdate: _____

City, State, Zip: _____ Age: _____ Gender: Male ___ Female ___

Athlete's Release: 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: _____