

NOTE: Times swum at this meet will not be eligible for National or Top Ten USMS records as the pool length is not certified. Times will be eligible for Iowa Masters State Records.

The University of Iowa Masters Swim Club

MASTERS SWIM MEET

Sanctioned by Iowa LSMC for USMS, Inc. - Sanction Number: 40204

University of Iowa Field House Pool- Melrose Ave/Grand Ave. Iowa City

Sunday- February 22, 2004 Warm-Ups: 8 A.M. Meet: 9 A.M.

Entry Deadline: Entries **MUST** be received by Friday, February 20, 2004. "Deck" or "late" entries will be accepted up to 8:45 A.M. on Sunday morning but may be placed in slower heats.

Entry Fee: \$9.50 + 50 cent "splash fee"(\$10.00 total) or \$12.00 total for "late" entries.

Mail Entries To: Wayne Huebener, 24 Koser Ave, Iowa City, IA 52246-1916

USMS REGISTRATION FORMS WILL BE AVAILABLE AT THE MEET

Further Info: Call Wayne at 319-337-4268 or Marc Long at 319-335-9261

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,etc..

Age Group for relays: 19+, 25+,35+,45+, 55+, 65+, 75+

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|---------------------------------|--------------------------------|
| 1. 200 Medley Relay M/F _____ | 10. 50 backstroke _____ |
| 2. 200 Freestyle _____ | 11. 100 Butterfly _____ |
| 3. 200 I.M. _____ | 12. 500 Freestyle _____ |
| 4. 50 Freestyle _____ | 13. 200 Mixed Free Relay _____ |
| 5. 100 Backstroke _____ | 14. 50 Breastroke _____ |
| 6. 100 Breastroke _____ | 15. 100 Freestyle _____ |
| 7. 2X 50 Mixed Free Relay _____ | 16. 200 Backstroke _____ |
| 8. 50 Butterfly _____ | 17. 100 I.M. _____ |
| 9. 200 Breastroke _____ | 18. 1650 Freestyle _____ |

(5 event limit plus relays)

Name _____ Phone _____

Address _____ Birth Date _____

City, State,Zip _____ Age _____ Gender: M/F

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 the 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>(Rule Book Article 203.1)

Signature _____ Date _____