



2019 Membership Application – OZARK LMSC

All 2019 memberships expire on December 31, 2019

DO NOT MAIL THIS FORM IF YOU REGISTER ONLINE.



You can register online at:
<http://www.usms.org/reg/>

Benefits of Membership include a subscription to USMS’s magazine SWIMMER during the length of the membership year. USMS registered swimmers are covered with secondary accident insurance: 1) in practices supervised by a USMS member where all swimmers are USMS registered, 2) in USMS sanctioned meets where all competitors are USMS registered.

Use this form ONLY if you qualify for discount membership, do not have internet access, or prefer to pay by check, rather than credit card. USMS provides online membership registration using credit card payment. You are able to print out your membership card through the online registration process.

The 2019 Membership fee of \$55.00 consists of a \$10.00 OZARK Local Masters Swimming Committee (LMSC) fee and a \$45.00 USMS fee. Clubs may have additional membership fees. Ozark offers discounted memberships to swimmers 75 years and older and to full-time students 25 years and younger; in either case, the 2019 Masters Membership fee is reduced to \$45, all of which goes to USMS. **You must specify a Club if you want to swim on relays in competition.**

2019 USMS Membership Application			
Circle answer to each: NEW REGISTRATION Yes/No, RENEWAL Yes/No, if YES Previous USMS Number			
Circle answer to each: FULL-TIME STUDENT (25 or younger) Yes/No, SENIOR (75 or older) Yes/No			
Register with same name as you would use for competition. Please print clearly.			
Last Name	First Name	Middle Initial	Office Use only:
Street			Apartment
City	State	Zip	Phone
Date of Birth: Mo. Day Year	Age:	Sex:	Today's Date (required) Mo. Day Year
USMS Registered Club or Unattached		Email Address:	
Primary Workout Facility:		Signature (required)	
ANNUAL FEE (membership expires December 31, 2019) (If joining between Nov. 1, 2018 and June 30, 2019) Fees: USMS Fee: \$45.00 Ozark Fee: \$10.00 *(unless discounted) CLUB Fee: \$ ____ *(\$7 SLAM, unless discounted) Total Fee: \$55 + Club fee, if any *(\$45 if discounted)			
Voluntary Contributions: If you wish to contribute to any of the following, please add the amount to your registration fees. <input type="checkbox"/> I wish to contribute \$1.00 (or \$ ____) to the USMS "Swimming Saves Lives" Fund. <input type="checkbox"/> I wish to contribute \$1.00 (or \$ ____) to the International Swimming Hall of Fame Foundation. <input type="checkbox"/> I wish to contribute \$1.00 (or \$ ____) to my LMSC. <input type="checkbox"/> I wish to have recognized Masters Coach designation (Optional) \$30. See http://www.usms.org/admin/minutes/coach-2013-9-12-2.pdf for details for recognized Masters Coach designation.			
Membership Discounts (*): Are you a full-time student 25 years or younger? _____ Attach a copy of your student ID. Are you 75 or older? _____ If YES, your check to Ozark LMSC should be for only \$45 plus any voluntary contributions listed above.			
I am a Masters Swim Coach: Yes / No If yes, where do you coach? _____ I am a Certified Swimming Official: Yes / No If yes, with which organization? _____			
We will email to you how to print your membership card from the USMS website. You will be able to print a copy at any time in the future. You can save trees and postage by not requesting a membership card to be mailed to you. Do you still want a membership card mailed? Yes / No			

Make checks payable to **OZARK LMSC** for \$55.00 plus any Club fee (*unless discounted to \$45) plus any voluntary contributions. Send completed, signed and dated forms with check (and copy of student ID if applicable) to:

Diann Bauer, Ozark Registrar
515 N Helen St
Carbondale, IL 62901-1114

Phone questions to: 618-351-1626

Please allow at least 2 weeks for processing.



**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.

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