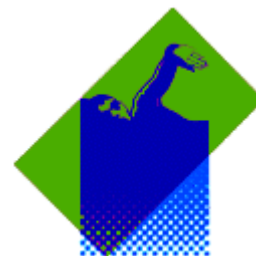


THE LAKESIDE MILE

Sunday,
December 4, 2011



ENTRY FORM

PLEASE PRINT

NAME _____ AGE _____ SEX _____ TEAM _____

BIRTHDAY _____ ATTACH A COPY OF USMS CARD

ADDRESS _____ CITY/STATE/ZIP _____

DAY PHONE _____ EVENING PHONE _____

EMERGENCY PHONE _____ EMERGENCY CONTACT NAME _____

EMAIL _____

<p>Check here if entering the 800 Free Relay _____</p> <p>Check here if entering the 400 Relay _____</p> <p><i>The Relays will be Deck Entered and Deck Seeded</i></p>	<p><i>Enter a seed time for the 1500 Meter here</i></p> <p>_____ : _____ . _____</p>
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\$2.00 per Relay swimmer, not entered in the 1500

\$5.00 per Individual Swimmer - \$10.00 per Deck Entry for the 1500

Make Checks Payable To: **Lakeside Masters**

Split Requests: Swims that meet the requirements of USMS Rule 105.2.2, lead-off 200 split for the 800 Free Relay will be submitted to USMS for all lead off swimmers. Splits from the 1500 Freestyle, that meet the requirements of USMS Rule 105.2.2 for the 400 and 800 meters will be submitted to USMS for all swimmers..

Please indicate, by checking the blank space, if you wish the following additional splits to be submitted for official time, from the 1500, at the following distances:

50 Meters _____ 100 Meters _____ 200 Meters _____

LIABILITY WAIVER - Read and sign.

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 of 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.

DATE: _____ ATHLETE'S SIGNATURE _____