



1/2 MILE ≈ 1 MILE ≈ 2 MILE

USMS Sanction # 2710-181

Sponsored by

Tulsa Masters Swim Club and Swim Tulsa

A portion of the proceeds go to Girl Scouts of Eastern

Oklahoma Camp Tallchief Scholarship Fund

Race Director Denise Smart

918-749-2253, denises@webzone.net

August 29, 2010 • 9:00am • Camp Tallchief, Zink Ranch, Sand Springs, OK

Open to Swimmers age 18 and Older

*Swimmers under age 18 welcome - must go to www.swimtulsa.org for entry information

More Information: http://tulsamsc.blogspot.com

Online Registration: www.getmeregistered.com Online registration closes Thurs. Aug. 26 at 11:00 PM

Mail Registration: Fill out form below. Send to Denise Smart, 1512 E. 37th Pl, Tulsa, OK 74105.

NAME: _____

AGE (race day) _____ DOB: _____ Gender: Male ___ Female ___

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____ E-MAIL: _____

USMS REGISTRATION #: _____

Non members are encouraged to join United States Masters Swimming prior to the event. Go to www.usms.org to register and to see the benefits of a USMS membership. A portion of the non member entry fee goes toward liability insurance costs. Non members will be required to sign a One Event Registration form at check-in.

DISTANCE (choose only 1) 1/2 mile ___ 1 mile ___ 2 mile ___

T-SHIRT SIZE: S ___ M ___ L ___ XL ___ (shirts guaranteed for entries received by August 20)

FEES: NO REFUNDS

ENTRY FEE: \$20 USMS members/ \$35 non members (add \$10 on race day) \$ _____

POST RACE PARTY: (swimmers & volunteers free) ___ x \$5/ person = \$ _____

DONATION TO GIRL SCOUTS OF EASTERN OKLAHOMA CAMP SCHOLARSHIP FUND: \$ _____

EXTRA T-Shirts: \$10/ shirt (guaranteed if ordered by 8/20/2010) Size ___ Quantity ___ x \$10/ shirt = \$ _____

TOTAL \$ _____ Checks payable to TMS.

USMS LIABILITY 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 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. Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming and agree to assume those risks.

Date: _____ Signature: _____