



Name:	Age:	Gender:	M/F
Address:	City:	State:	Zip:
Email:	Phone:		
USMS# _____	How did you hear about this program?	Internet Search Active.com	Friend Other _____

Choose One	Program:	Dates	Fee
	FAST: 14 Week	July 12–Oct 13	\$210
	FAST: 12 Week	July 26–Oct 13	\$185
	Lake Only, (14 Week)	July 16–Oct 8	\$155



Make checks payable to:

Swim Las Vegas  
2605 Shakespeare Rd  
Las Vegas NV 89108

To register online go to [active.com](http://active.com) and search FAST VEGAS

**SWIM LAS VEGAS (SLV)  
CLUB WAIVER**

\*\*\*\*\*A signature and date are required\*\*\*\*\*

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT, WAIVER and RELEASE FROM LIABILITY (AWRL)

I acknowledge that swimming, triathlon, and multi-sport is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss.

**I HEREBY ASSUME THE RISKS OF PARTICIPATING IN ALL SWIM LAS VEGAS FUNCTIONS.**

I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised otherwise by a qualified medical person. I acknowledge that my statements on this AWRL are being accepted by the United States Masters Swimmers (USMS) in consideration for allowing me to become a club member in a USMS Chartered Club and are being relied upon by USMS, by SLV, and by the club organizers and administrators in permitting me to participate in any organized club function.

In consideration for allowing me to become a club member in a USMS Chartered Club and allowing me to participate in organized club functions, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns:

- a) **I AGREE** to abide by the Competitive Rules;
- b) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind which arise out of or relate to my participation in, or my traveling to and from an organized club function, **THE FOLLOWING PERSONS OR ENTITIES**; USMS, USMS Chartered Clubs, SLV, club sponsors, volunteers, all states, cities, counties, or localities in which club functions or segments of club functions are held, and the officers, directors, employees, representatives, and agents of any and all of the above;
- c) **I AGREE NOT TO SUE** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released, or discharged herein; and
- d) **I INDEMINIFY AND HOLD HARMLESS** the persons or entities mentions above from any claims made or liabilities assessed against them as a result of my actions during an organized club function.

**I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.**

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

What event are you training for? \_\_\_\_\_ What are your goals for this program? \_\_\_\_\_