



# Open Water Swim Series

1 mile swim in Clearwater Harbor  
 Proceeds benefit Youth Programs at CCSC

**Dates:** **USMS Sanction Nbr:**

May 29, 2010 140-020/OW  
 June 19, 2010 140-021/OW  
 July 17, 2010 140-022/OW

**Start Time:** 7:30 am Sharp

**Fees:**

\$25.00 Before race day  
 \$35.00 On Race day  
 Sign up for all three events before May 1<sup>st</sup> for \$65.

**Fees are non-refundable**

**Make Checks payable to:**

Tri This  
 1001 Gulf Blvd.  
 Clearwater, FL 33767

Online Registration:  [sign up now at IMATHLETE](#)

**Location:**

Clearwater Community Sailing Center  
 1001 Gulf Blvd.  
 Clearwater, FL 33767

**Race Day Registration:** 6:00 am – 7:00 am

**For more Information:**

Bev Buysse 727-773-5675 or  
 Email: [bbuysse@aol.com](mailto:bbuysse@aol.com)

**Awards**

Overall Male & Female winner  
 Standard 5 year age divisions starting with 10

**Sanctioned by LMSC Florida for USMS, Inc.**

**Sanction Number:** \_\_\_\_\_

**USMS Rules & Regulations Apply**

<b>Name Last</b>	<b>First</b>	<b>Age:</b> _____	<b>DOB:</b> _____	<b>M [ ] F [ ]</b>
<b>Address:</b> _____				
<b>City:</b>	<b>State</b>	<b>Zip</b>	<b>Phone:</b>	
<b>Emergency Contact Name:</b>			<b>Phone:</b>	
<b>Email:</b> _____				
<b>USMS:</b>	<b>USA SWIMMING:</b>	<b>CHECK IF NEITHER:</b>		
<b>RACE DATE:</b>	<input type="checkbox"/> MAY 29	<input type="checkbox"/> JUNE 19	<input type="checkbox"/> JULY 17	<b>SHIRT SIZE:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
<p><i>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 Master's 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. Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming, and agree to assume those risks.</i></p>				
_____ Signature of participant			_____ Date	
_____ Signature of parent or guardian			_____ Date	