

2007-8



Team Pittsburgh Aquatics  
MASTERS Membership



**Permission to Participate and Liability Release**

If you are a returning member that was active this past summer and no information has changed from this past season, just fill out your family name, current e-mail and sign the bottom of the form.

Member's First and Last Name (Include Middle Initial) Birtdate (Month/Day/Year)
Home Address (residence of athlete) E-Mail Address (For Billing and Information)
City State Zip Other Address
Phone (please include area code) Business Phone (please include area code)

ATTENTION TO MASTERS ENROLLING IN TEAM PITTSBURGH AQUATICS

You will be given a form to enroll in USMS Masters for insurance & participation purposes. You must sign on the line provided below indicating that you have been given the form and that you will apply for USMS insurance membership on your own. Your signing the line below releases TPIT, the University of Pittsburgh, its agents and personnel from any liability that failing to have such coverage would cause.

I agree to purchase membership in USMS Date

FEES: MASTERS SWIMMERS dues are \$35 per month, regardless of how many swimmers there are in the family with Team Pittsburgh Aquatic Program. Checks should be made payable to Pittsburgh Aquatic Program.

Office Only
Entered on Computer USS/USMS REG. BILLED

PERMISSION TO PARTICIPATE and LIABILITY RELEASE

I, \_\_\_\_\_, the above listed applicant and/or the parent/guardian of the above listed child(ren) and family members, agree to participate and/or agree to allow my child(ren) and family members to participate on Team Pittsburgh Aquatics (TPIT), and hereby release TPIT, the coaches and staff of TPIT, UNITED STATES SWIMMING, UNITED STATES MASTERS SWIMMING, ALLEGHENY MTN. SWIMMING, the UNIVERSITY OF PITTSBURGH and its ATHLETIC DEPARTMENT, their agents and employees from any injury that may occur to myself, my child(ren), or family members while participating in the programs of TPIT, including travel to and from training sessions, scheduled activities, and swimming meets. I hereby agree that I, my child(ren), or family members may travel with the team coaches, staff, or any other designee who provides transportation to or from such events or practices. I agree to indemnify and hold harmless the above mentioned, their agents and employees against any and all liability for personal injury, including injuries resulting in death, or damage to property, or both while I, my child(ren), or family members are participating in TPIT. I further agree to reimburse the above parties for any damages they are compelled to pay arising from any claims, demand, action or cause of action by myself, my child(ren), or family members.

I have noted on the back of this form any medical history or problems of which the staff or coaching staff should be aware that would or could effect training and/or competition.

Signature of Adult Applicant or Parent /Guardian Date