

# Central Oregon Masters Aquatics Membership Application for 2010

Renewal?    New?

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Privacy consideration:

- Yes**, please include my name in the COMA social roster; or  
 **No**, please do not include my name in the COMA social roster

COMA members respect and cherish their volunteers at COMA-sponsored events. If you have a specific talent that you would like to volunteer (computing, hospitality, adopt-a-highway, etc.) please list:

\_\_\_\_\_

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and not been otherwise informed by a physician. I acknowledge that I am aware of the risks inherent in masters swimming (training, competition, and other activities) including possible and permanent disability or death, and agree to assume all those risks. As condition of my participation in the masters swimming program and Central Oregon Masters Aquatics team, or any activities incident thereto, I hereby waive any and all rights to claims for those losses or damages, including all claims for loss or damage by the negligence, active or passive, of the following: United States Masters Swimming, Inc, Oregon Masters Swimming, Inc., Central Oregon Masters Aquatics, host facilities, meet sponsors, meet committees, or any individual officiating at the meets, coaching, sponsoring activities, or hosting team or social functions.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

## COMA Membership is \$20 for the 2010 COMA Year

- Complete application, including signature
- Include check payable to Central Oregon Masters Aquatics (COMA)
- Mail to Toni Brown, 1836 NE Hilltop Lane, Madras, OR 97741