

RELEASE FROM LIABILITY

SURNAME AND GIVEN NAME

CLUB NAME

COUNTRY

● I, the undersigned participant, intending be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a medical practitioner. I acknowledge that I am aware of the risks inherent in Masters Swimming, Diving, Open Water Swimming and Synchronised swimming (training and competition) including possible permanent disability or death, and assume all risks.

I hereby waive all rights to claims for loss and damages, arising out of my participation in Masters Swimming Events or any activities incidental thereto, against the Ligue Européenne de Natation (LEN) or any individuals participating in Masters Swimming, Diving, Open Water Swimming and Synchronised swimming. In addition I agree to abide by and be governed by the rules of the Ligue Européenne de Natation (LEN).

I further declare that I have sufficient health insurance valid in Spain to cover any medical, pharmaceutical, hospitalization and repatriation expenses that may occur in connection with my stay and participation at the 12th European Masters Championships in Swimming, Diving, Open Water Swimming and Synchronised swimming Cadiz 2009. I understand and agree that the OC of Cadiz 09, LEN or Spanish authorities may request to submit evidence of such insurance coverage for participation on the event for myself as well as for any friends and/or family members intending to join me for the event.

Both European Masters Championships participants and companions are responsible for their own travelling and personal expenses.

DATE

SIGNATURE OF COMPETITOR

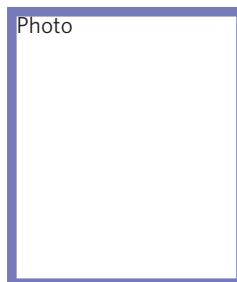
This filled in release must be returned with the relevant entry form

ENTRY DEADLINE: 1ST JULY 2009

INDIVIDUAL AND TEAM REGISTRATION FORM

Accreditation No
(official use only)

Photo



**Please print clearly
BLOCK LETTERS or type if possible**

SURNAME

SEX: FEMALE MALE

GIVEN NAME

ADDRESS

DATE OF BIRTH (DD/MM/YY)

POSTCODE AND CITY

AGE AT 31 DECEMBER 2009

COUNTRY

COUNTRY CODE

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

CLUB NAME

CITY

I wish to compete in following discipline:

Swimming individual

Swimming Relay

Open Water Swimming

Synchronised Swimming

Diving

FEDERATION STAMP AND OFFICIAL SIGNATURE

SIGNATURE OF COMPETITOR

Registration must be posted with one recent photo

ENTRY DEADLINE: 1ST JULY 2009

SWIMMING ENTRY FORM

- Any competitor may enter a maximum of five (5) individual events, no more than two (2) events per day.
- Please fill in the appropriated box and indicate your entry time in a Master event in the last 12 months in the box applicable to the event you wish to enter.
- All entries must be authorized by the competitor's national federation.

SURNAME AND GIVEN NAME: _____

CLUB NAME: _____

AGE AT 31 DECEMBER 2009: _____

EVENT & ENTRY TIMES

EVENT no	MEN Entry times	EVENT	WOMEN Entry times	EVENT no
Tuesday 15 September				
2		200m Medley		1
4		800m Freestyle		3
Wednesday 16 September				
5		200m Freestyle		6
7		50m breaststroke		8
9		100m Butterfly		10
Thursday 17 September				
14		200m Butterfly		13
16		50m Backstroke		15
18		100m Breaststroke		17
20		400m freestyle		
Friday 18 September				
21		200m Backstroke		22
23		50m Butterfly		24
25		100m Freestyle		26
		400m freestyle		28
Saturday 19 September				
30		200m Breaststroke		29
32		50m Freestyle		31
34		100m Backstroke		33
Open Water Swimming				
		5 km.		

FEDERATION STAMP AND SIGNATURE _____

SIGNATURE OF COMPETITOR _____

Entry must be send together with Release from Liability

ENTRY DEADLINE: 1ST JULY 2009

SWIMMING RELAY TEAM ENTRY FORM

PLEASE NOTE: FOR EACH RELAY ENTRY USE A SEPARATE FORM

- Competitors may only swim for club indicated on the individual entry form.
- Competitors may only compete on one age group in the same event.
- Please fill in the appropriated box with the estimated time for event you wish to enter.
- All entries must be authorized by the competitor's national federation.

Club name _____

Club code _____

Address _____

Postcode _____

Country _____

Phone number _____

Fax number _____

Email _____

Competitors names (name, surname, age at 31 December 2009)

1. _____ 2. _____

3. _____ 4. _____

Reconfirmation of the competitors names must be done until 18:00 a day prior the event. Other wise no participation is possible.

AGE GROUP	MEN'S RELAY		WOMEN'S RELAY		MIXED RELAY	
	4X50 m free Event 11	4X50 m med. Event 36	4X50 m free Event 12	4X50 m med. Event 35	4X50 m med. Event 19	4X50 m free Event 27
110-119						
120-159						
160-199						
200-239						
240-279						
280-319						
320-359						
360 +						

FEDERATION STAMP AND OFFICIAL SIGNATURE

SIGNATURE OF COMPETITOR

Entry must be sent together with release from liability

ENTRY DEADLINE: 1ST JULY 2009