

## HEALTHWORKS HURRICANES



**U.S. MASTERS  
SWIMMING**

**COACHED SWIM PRACTICES**  
**TUESDAYS & THURSDAYS**  
**5:00 PM – 6:00 PM**

**ADULTS ONLY**

HealthWorks Masters (over 18 years of age) Swimming welcomes swimmers of ALL ability levels in swimming. This is a Year Round program running from October through July that focuses on helping our members improve and achieve their fitness goals. It is amazing how a few laps up and down in a swimming pool can have a positive impact on your well being.

If you have an interest in any of the following, this program will help you get started!

- \*Swim Lessons
- \*Motivation and Support
- \*Adult Fitness Swimming
- \*Triathlon Swimming
- \*Swimming Competitions
- \*Healthier Lifestyle
- \*Staying Fit
- \*Lap Swimmers

Healthworks Masters Program is registered and affiliated with U.S. Masters Swimming, the national governing body for adult swimming. We offer on deck coaching during workouts. This keeps your workout on track and provides direction for technique and fitness improvement, as well as motivation. Your registration cost includes **USMS Membership**. As a USMS Member, you are covered by USMS Insurance in practices and you may compete in USMS events. All USMS Members receive SWIMMER magazine and are eligible for special offers from sponsors, plus full access to online training and social resources and much more! Visit [www.usms.org](http://www.usms.org) or [www.healthworksfitnesscenter.com](http://www.healthworksfitnesscenter.com) to find out more. Also, as a member of US Masters Swimming, you are one of over 50,000 adults that enjoy swimming as a part of their lifestyle.

**Workout Schedule: October 4, - July 31st**

Tuesdays and Thursdays 5:00 – 6:00pm

### Cost:

<b>Member →</b>	Registration <b>\$75</b>	Monthly <b>\$ 55</b>	Pd in Full \$570 (includes Registration and 10% discount of Monthly dues)
<b>NON-Member →</b>	Registration <b>\$100</b>	Monthly <b>\$ 65</b>	Pd in Full \$685 (includes Registration and 10% discount of Monthly dues)

Registration and First Months Dues are needed to begin the program. Monthly fees are due by the 1<sup>st</sup> of the month.  
For those who dedicate themselves for the entire season by paying in full they will receive a 10% discount on their monthly dues.

The USMS mission is:

*“Promoting adult health, wellness, fitness and competition through aquatics.”* [www.usms.org](http://www.usms.org)

**For more information please contact us!**

870-862-5442 ext. 40 or 13    [Aquaticsasst.hfc@suddenlinkmail.com](mailto:Aquaticsasst.hfc@suddenlinkmail.com)  
304 N Madison El Dorado AR 71730  
[www.healthworksfitnesscenter.com](http://www.healthworksfitnesscenter.com)



# U.S. MASTERS SWIMMING

Member ( ) Non-Member ( )

TODAY'S DATE \_\_\_\_\_

Last, First Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Your Swimming History

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### Personal Goals

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### WAIVER OF LIABILITY AND INDEMNITY

I understand that in engaging in any physical activity or in the use of any part of the Center, I do so at my own risk. This includes, without limitation, my use of the locker rooms, pools, whirlpool, sauna, steam room, park area, sidewalk, exercise or any other equipment in the Center as well as my participation in any activity class, program or instruction. I agree that I am voluntarily participating in these activities and using these facilities and premises and assume all risk of personal injury, illness, including death and any damage or loss to me or my property that might result there from, including without limitations, any loss or theft of my property. For and in consideration of the use by me of the Center and its facilities and programs, I agree on behalf of my personal representatives, heirs, executors, administrators, agents and assigns to forever release, discharge, indemnify and hold harmless the Center and its directors, officers, employees, agents, representatives, successors and assigns from any and all loss, claims, demands damages, or causes of action, known and unknown, resulting from or arising out of my use of the Center and its facilities, equipment and programs. This Waiver of Liability and Indemnity includes injuries which may occur as a result of my use of any exercise equipment or facilities and my slipping and falling while in the Center or on the premises.

- (a) I acknowledge that I have carefully read the foregoing and fully understand that it is a waiver and release of liability and indemnity. I further understand that I am waiving any right that I may have to bring legal action to assert a claim against the center, and any and all questions were answered to my full satisfaction.
- (b) This is a continuing waiver and release of liability and indemnity and is binding upon all persons whose signatures appear below and shall apply to all subsequent uses of the center and its facilities and programs until revoked in writing by the undersigned:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### MASTERS PROGRAM: OCTOBER 4 – JULY 31

**Member →**  
Monthly dues)

Registration **\$75** Monthly **\$ 55**

Pd in Full \$570 (includes Registration and 10% discount of

**NON-Member →**

Registration **\$100** Monthly **\$ 65**

Pd in Full \$685 (includes Registration and 10% discount of Monthly dues)

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