

15th Annual Fall Ithaca Masters Meet at Ithaca College

Sponsored by the Ithaca College Swim Team and Sanctioned by Niagara District Masters Swimming for USMS, Inc.

Sanction

- Date:** Saturday, December 8, 2012. Warm-up start at 9:30am, meet starts at 10:30am
Location: The A&E Center Pool at Ithaca College, Ithaca, NY. Ithaca College's Indoor Pool consists of a 9 lane 50 meters by 21 lane 25 yards. All lanes are 8 feet deep. Colorado Timing System with full color video scoreboard. Warm- up lanes will be available during the meet.
Meet Director: **Kevin Markwardt, A&E Center, 953 Danby Rd, Ithaca College, Ithaca, NY 14850-7000**
(607) 274-3181, Kmarkwardt@ithaca.edu
Eligibility: Open to all registered USMS/MSC swimmers 18 years of age and older as of 12/08/12
Fees: \$25 per swimmer. Includes 5 individual events and relays.
Entries: All Entries must be received by the Meet Director by Wed. December 5th, 2012.
Deck entries will not be accepted
Check In: Required positive check-in for 1,000 by 11:30 am

NAME _____ USMS/MSC# _____

ADDRESS _____

SEX ____ AGE ____ Date of Birth _____ Phone (H) _____ (W) _____

E- Mail _____

Event#	Event Name	Seed Time	Event#	Event Name	Seed Time
1.	200 Medley Relay	_____	11.	100 Butterfly	_____
2.	200 Freestyle	_____	12.	50 Backstroke	_____
3.	100 Ind. Medley	_____	13.	100 Freestyle	_____
4.	100 Backstroke	_____	14.	200 Ind. Medley	_____
5.	50 Freestyle	_____	15.	50 Breaststroke	_____
6.	200 Butterfly	_____	16.	200 Backstroke	_____
7.	100 Breaststroke	_____	17.	50 Butterfly	_____
8.	400 Ind. Medley	_____	18.	200 Breaststroke	_____
9.	500 Freestyle	_____	19.	1000 Freestyle	_____
10.	200 Free Relay	_____			

Entry Procedures

Please send entry form to the Meet Director (address listed above). Include the following with Entry Form:

- A photocopy of your USMS/MSC Registration
- A check or Money Order, payable to Ithaca College
- A signed Waiver Form (see below)

Waiver

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 Masters 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 the USMS (Rule Book Article 204-1).

Signature of Participant: _____ Date: _____