**2014 GEOFF KELLER MEMORIAL OPEN WATER SWIM 1.2-Mile & 2.4 Miles**

Lincoln Trail State Park – 16985 E. 1350 Rd. Marshall, IL 62441

**Saturday, June 21, 2014**

Sanctioned by ILMSA for United States Masters Swimming, Inc. Sanction Number:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_(On June 21, 2014) USMS Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USMS #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit a photo copy of your USMS membership card for verification.

Must be a member of USMS to participate. For USMS registration: <http://www.usms.org/reg/register.php>

Distance: 1.2 miles or 2.4 miles (circle one) Wetsuit: YES or NO (circle one)

(Wetsuits may be allowed at the discretion of the race director when the water temperature is not greater than 78 degrees Fahrenheit.)

Entry Fee: $50

Checks made out to: MHAUS – Geoffrey Keller OWS Send to: MHAUS

 P.O.Box 1069

 Sherburne, NY 13460

Deadline: Entry forms and fees must be received by June 16, 2014. There are no race day entries.

**WAIVER – 2014 GEOFF KELLER MEMORIAL OPEN WATER SWIM**

I hereby voluntarily release and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to me, which injury, property damage or wrongful death arises as a result of engaging in said activity, whenever or however such may occur. I do for myself, my heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action which may hereafter arise for myself and for my estate and agree that under no circumstances will I or my heirs, executors, administrators, and/or assigns prosecute or present any claim for personal injury, property damage or wrongful death against Lincoln Trail State Park, the State of Illinois, the Illinois Department of Natural Resources, the Illinois Division of Parks and Recreation, nor any of these organizations officers, directors, agents, or representatives, for any of said causes or actions, whether the same shall arise by the negligence of any said persons or organizations likewise.

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 USMS, Inc. Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming, and agree to assume those risks.

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**