2014 Hargrave Halloween Classic: November 15, 2014 (Revised Date) Onishi Davenport Aquatic Center

200 Military Drive Chatham, VA 24531

Recognized by: LMSC for Virginia for USMS, Inc. Recognition #124-R002

- **FACILITY:** 16 Lane, 25-yard pool, non-turbulent lane markers. **Pool has been measured and certified for USMS Records and Top Ten.** WARM UP 9:00 AM (16 LANES AVAILABLE). <u>8 lanes will be used for competition. 8 lanes</u> <u>available for continuous warm up and cool down.</u> SPRINT LANES AVAILABLE AT 9:30 AM (LANES 1, 2 AND 7, 8 IN DEEP END ONLY). MEET STARTS 10:00 AM
- RULES: Current USMS rules for Masters Swimming will apply. No one will swim alone in a heat. Swimmers will be seeded according to times; heats will run slowest to fastest. Swimmers will be expected to cooperate with the Safety Marshall who will monitor warm-up. No diving during warm-up except in designated lanes.
- **ELIGIBILITY:** This is a USMS recognized meet for purposes of USMS Records and Top Ten times by USMS swimmers. Standard USMS age groups will be used (18-24, 25-29, 30-34, 35-39, etc.). All USMS swimmers **must** include a copy of your registration card with your entry or submit it at the meet for times to be submitted for USMS Records and Top Ten consideration.
- **AWARDS**: Medals for 1st through 3rd places in individual events for each age group. Ribbons for 4th through 6th places. Ribbons for relays.

ENTRY FORM:

| Last Name | First Name | | MI | | | |
|-------------------|------------------------------------|----------|--------|--|--|--|
| USMS # | Gender | | 18/14: | | | |
| Address | City | State | Zip | | | |
| Phone | | | | | | |
| Event | WOMEN TIME | MEN TIME | | | | |
| 100 YD BACK | #1 | #2 | | | | |
| 50 YD BREAST | #3 | #4 | | | | |
| 100 YD FLY | #5 | #6 | | | | |
| 200 YD IM | #7 | #8 | | | | |
| 200 YD FREE | #9 | #10 | | | | |
| 50 YD BACK | #11 | #12 | | | | |
| 200 YD BREAST | #13 | #14 | | | | |
| 200 YD MED RELAY | #15 DECK | #16 DECK | | | | |
| BREAK-15 MINUTES | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | | | | | |
| 200 YD FREE RELAY | #17 DECK | #18 DECK | | | | |
| 50 YD FLY | #19 | #20 | | | | |
| 100 YD FREE | #21 | #21 | | | | |
| 200 YD BACK | #23 | #24 | | | | |
| 100 YD BREAST | #25 | #26 | | | | |
| 200 YD FLY | #27 | #28 | | | | |
| 100 YD IM | #29 | #30 | | | | |
| 50 YD FREE | #31 | #32 | | | | |

of EVENTS_____X \$5.00 =_____+\$5.00 SURCHARGE=TOTAL DUE_____

CHECKS MADE OUT TO: Hargrave Aquatics

MAIL ENTRIES TO: John Eife % Hargrave Aquatics, 200 Military Dr., Chatham, VA 24531



PARTICIPANT WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

For and in consideration of United States Masters Swimming, Inc. ("USMS") allowing me, the undersigned, to participate in any USMS sanctioned or approved activity, including swimming camps, clinics, and exhibitions; learn-to-swim programs; swimming tryouts; fitness and training programs (including dryland training); swim practices and workouts (for both pool and open water); pool meets; open water competitions; local, regional, and national competitions and championships (both pool and open water); and related activities ("Event" or "Events"); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement");

- 1. I hereby certify and represent that (i) I am in good health and in proper physical condition to participate in the Events; and (ii) I have not been advised of any medical conditions that would impair my ability to safely participate in the Events. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Events.
- 2. I acknowledge the inherent risks associated with the sport of swimming. I understand that my participation involves risks and dangers, which include, without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and death (from drowning or other causes); loss of or damage to personal property and equipment; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with natural or manmade objects; dangers arising from adverse weather conditions; imperfect water conditions; water and surface hazards; facility issues; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses that I incur as a result of my participation in any Events.
- 3. I agree to be familiar with and to abide by the Rules and Regulations established by USMS, including any safety regulations. I accept sole responsibility for my own conduct and actions while participating in the Events.
- 4. I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USMS, its members, clubs, workout groups, event hosts, employees, and volunteers (including, but not limited to, event directors, coaches, officials, judges, timers, safety marshals, lifeguards, and support boat owners and operators); the USMS Swimming Saves Lives Foundation; USMS Local Masters Swimming Committees (LMSCs); the Event organizers and promoters, sponsors and advertisers; pool facility, lake and property owners or operators hosting the Events; law enforcement agencies and other public entities providing support for the Events; and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees, and volunteers (individually and collectively, the "Released Parties"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys' fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.
- 5. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.

I hereby warrant that I am of legal age and competent to enter into this Agreement, that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns), acknowledge that I have signed this Agreement without any inducement, assurance, or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

| Last Name | First Name | MI | Sex (circl | le) | Date of Birth (mm/dd/yy) |
|----------------------------------|------------|----|------------|------|--------------------------|
| | | | M F | F | |
| Street Address, City, State, Zip | | | | | |
| | | | | | |
| Signature of Participant | | | | Date | e Signed |
| | | | | | |
| | | | | | |
| | | | | | Device 1.07/01/001 |
| | | | | | Revised 07/01/2014 |