

# MEET SURVIVAL-TO-SUCCESS CLINIC

Basic Training for Masters swimmers new to competition

Learn how to enter a meet, how to read a Meet Program, what all the whistles mean, legal turns and finishes, and best of all, DIVES and BACKSTROKE STARTS. Put all you've learned into practice at the "Survival-to-Success" mini-meet directly following the clinic.

**DATE:** Saturday, November 15, 2014

**LOCATION:** Benewah Wellness Center, 1100 'A' St., Plummer, Idaho 83851

## **TIMELINE:**

- Clinic: 10:00 AM – Noon
- Nutrition Break: Noon – 12:30 PM (BYOLunch)
- Mini-meet: 12:30 PM warm-up, 1:00 PM meet start

**COST: \$20.00** for U.S. Masters Swimming Members (extra for one-event membership)

## **INCLUDED IN THIS EVENT:**

- **MEET CLINIC** tailored to swimmers new to participating in swimming competition and/or wanting more experience learning dives and starts from blocks, pool deck and in-water.
- **MINI-MEET** featuring short distance events and two relays to put into practice the knowledge and skills learned during the clinic. The mini-meet will have timers so your swims will be "official" and you'll be able to see your times in the MyUSMS area of the usms.org website within 14 days of the event.

## **INSTRUCTORS:**

**Brenda Himmelberger** is a USA-Swimming certified meet referee, starter and officials trainer. She has experience at age-group, masters, collegiate and national level swim meets and loves to share her knowledge with adult swimmers and aspiring officials. Brenda's focus at the clinic will be the starting sequence and starts.

**Brian Johnson** is a USA-Swimming certified stroke and turn judge. Brian's been swimming most his life, competing as an age group, collegiate, and masters swimmer, and has a blood chlorine level of 0.08. Brian will share his knowledge of legal touches, turns and stroke essentials.

**Shelly Ruspakka** is the head coach of Moscow Chinooks Masters Swimming. As a former NCAA All-American swimmer in backstroke she is passionate about swimming. Shelly has been breaking down the elements of dives and starts for her Masters swimmers as well as the Junior Development age-group swimmers she coaches for Vandal Aquatics Club.



# SURVIVAL TO SUCCESS

## MINI-MEET INFORMATION & ENTRY

**Date/Times:** Saturday, November 15, 2014.

Clinic begins at 10:00am.

Warm-up starts at 12:30pm (after lunch break)

Meet starts at 1:00 pm.

**Sponsor:** Coeur d'Alene Tribal Masters Swim Club.

Sanctioned by [Inland Northwest Masters Swimming](#) (IWMSC) for United States Masters Swimming, Inc. (USMS) Sanction number **354-S006**.

**Facility:** Benewah Wellness Center pool. 25 yard competition pool with 5 lanes. Locker rooms adjacent to pool deck. The length of the competition course without a bulkhead is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2.1.

**Directions:** From ID Hwy 95 turn west on 'A' Street (CdA Tribal Police Stn on corner). Head two blocks west to the Benewah Wellness Ctr. Enter main doors and check in at front desk.

**Eligibility:** All swimmers must be currently registered U.S. Masters Swimming swimmers or foreign equivalent. New members can register online: [www.usms.org/reg](http://www.usms.org/reg). One-event membership available for an extra \$15 payable to IWMSC.

**Rules:** 2014 USMS rules will apply. Available at [www.usms.org/rules/](http://www.usms.org/rules/) and at the meet. Certified stroke and turn judges will be present. Events will be seeded slow to fast.

**Deadlines:** All paper entries must be received by Thursday, November 13, 2014 6:00pm. Online meet/clinic entry closes Thur, Nov. 13, 11:59pm.

**Fees:** \$20 for clinic & meet entries. Make check/money order payments to "**CdA Tribal Wellness Center**." Online registrations will be charged to a credit card. **The charge will be from "ClubAssistant.com Events" for this meet.**

**Conduct of the meet:** Each participant may swim five individual and two relay events. Since this is a developmental meet no points will accumulate for individuals or teams towards Inland NW high point awards. Times will be official.

**Relays:** Will be formed on deck with willing participants. Fun will be had by all.

**QUESTIONS:** Contact Clinic/Meet Directors Joel Kopf at (208) 659-6109 or Peyton Webber at (208) 686-9355 x508 - [IWEvents@gnorth.net](mailto:IWEvents@gnorth.net)

Online entries:

[https://www.ClubAssistant.com/club/meet\\_informati\\_on.cfm?c=1858&smid=5998](https://www.ClubAssistant.com/club/meet_informati_on.cfm?c=1858&smid=5998)

Online deadline: Thursday, Nov. 13 11:59pm PST

Mail Entries to: Joel Kopf/Peyton Webber  
c/o Benewah Wellness Ctr  
PO Box 700, Plummer, ID 83851

Receipt by: Thursday, Nov. 13 6:00pm PST

Entry fee: \$20.00

Checks payable to: **CdA Tribal Wellness Center**

### USE THIS FORM TO ENTER THE "SURVIVAL-TO-SUCCESS" CLINIC & MINI-MEET

Name \_\_\_\_\_ (circle one) Male/Female Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ USMS # \_\_\_\_\_ Club/Team \_\_\_\_\_

Enter events using Yard Times • Maximum of 5 Individual and 2 Relay Events.

#	Event Name	Your estimated time	#	Event Name	Your estimated time
1	500 Free		5	50 Breast	
2	50 Fly		6	50 Free	
3	50 Back		7	100 Individual Medley (I.M.)	
4	200 Medley Relay	Pref stroke:	8	200 Free Relay	Formed on deck

*Entries without the U.S. Masters Swimming Participant Waiver will be returned or held.*



## 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.

Please fill out COMPLETELY

Last Name	First Name	MI	Sex (circle) M      F	Date of Birth (mm/dd/yy)
Street Address, City, State, Zip				
Signature of Participant				Date Signed