

Doc Councilman Classic Invitational Masters Swim Meet at INDIANA UNIVERSITY

Saturday, February 14, 2015

Sanctioned by GRIN for USMS Sanction Number: 165-S002

SPONSORED BY: DOC IU Masters Swim Club

LOCATION: The Councilman/Billingsley Aquatic Center (812-855-7772) is located on Law Lane (between Jordan and Union and just north of 10th St.) in the Student Recreational Sports Center (SRSC). Parking is available adjacent to the building, and in a parking lot off 10th St. (at the traffic light east of Jordan). Signs indicate it is restricted parking, but you should not be ticketed. If you are, please give your ticket to the meet director and it will be taken care of.

FACILITY: The Councilman Pool will be set up as an 8 lane, 25 yard pool with non-turbulent lane lines. Colorado electronic timing will be provided. A minimum of two lanes at the north end of the pool and/or in the diving well will be available for warm-up and cool-down during the meet. The length of the competition course is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2.1, but as a bulkhead course, is subject to length confirmation. Eligibility of times for USMS Top 10 and Records will be contingent on verification of bulkhead placement.

SCHEDULE: Warm-ups start at noon (EST). **THE MEET STARTS AT 1:00 PM.** Meet should finish at approximately 4:30 pm.

MEET CONDUCT: 2014 USMS rules will govern the conduct of the meet.

ELIGIBILITY: All entrants must be registered with United States Masters Swimming, Inc. Each swimmer is eligible to swim a maximum of five events, excluding relays. All swimmers must include a copy of their USMS registration card with this form for mailed in entries.

AGE GROUPS: 18-24, 25-29, 30-34, etc.

ENTRY FEE: The entry fee is \$30.00. Full Time Students between 18-24 years is \$15 (full time student swimmers must enter online at the full \$30 and you will be reimbursed at the meet after you show a student ID Swimmers may enter a maximum of five events. **Swimmers may deck enter between noon and 12:45 pm, but will be charged \$30.00 entry fee.** Bring your USMS membership card. Please make checks payable to: **DOC IU Masters Swim Club.**

RELAYS: All relays are deck entered AT NO CHARGE.

DEADLINE: Online entries must be completed by midnight on Thursday February 12th, 2015. Mail entries also must be received by Thursday, February 12th, 2015.

SEEDING: Heats will be swum from slowest to fastest. Swimmers entered with "No Time" will swim in the slowest heats. Men and women will swim separately, but may swim together at the discretion of the director.

AWARDS: Ribbons will be awarded to the first- third places in each event in each age group.

RESULTS: Complete results will be posted on the state masters website: www.grinswim.org

Online Entry: go to: https://www.ClubAssistant.com/club/meet_information.cfm?c=2120&smid=6109

2nd ANNUAL DOC MEET SOCIAL EVENT: A post meet social event will take place at Lennie's pub, a short walk from the meet venue. Quality food and the best craft beers in Bloomington! (<http://www.lenniesgourmetpizza.com/>) No need to sign up, just plan on attending to share good conversations, and some post meet "recovery" fuel!

MAIL ENTRIES TO: Peter Finn, Meet Director, 1707 N Brummetts Creek Rd, Bloomington, IN 47408 email: finnp@indiana.edu

LOCAL HOTELS: Indiana Memorial Union (812-856-6381), Days Inn (336-0905), Hampton Inn (334-2100), Holiday Inn (334-3252) Comfort Inn (339-1919), Super 8 Motel (323-8000), Shoney's Inn (323-2222) Courtyard by Marriott (335-800)

EVENTS	Women		Men
	1	500 yd Freestyle	2
	3	200 yd Medley Relay	4
	5	200 yd Individual Medley	6
	7	50 yd Butterfly	8
	9	100 yd Breaststroke	10
	11	200 yd Backstroke	12
	13	50 yd Freestyle	14
	15	200 yd Mixed Free Relay	15
	17	100 yd Butterfly	18
	19	200 yd Breaststroke	20
	21	50 yd Backstroke	22
	23	400 yd Individual Medley	24
	25	100 yd Freestyle	26
	27	200 yd Butterfly	28
	29	200 yd Mixed Medley Relay	29
	31	100 yd Backstroke	32
	33	50 yd Breaststroke	34
	35	200 yd Freestyle	36
	37	100 yd Individual Medley	38
	39	200 yd Free Relay	40

ENTRY FORM

NAME _____ SEX ____ AGE ____ BIRTHDATE _____

USMS membership # _____

ADDRESS _____ CITY _____ STATE/ZIP _____

PHONE _____ TEAM _____ USMS# _____

EVENT NUMBER	EVENT NAME	SEED TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FEES: \$30.00 (\$15 for Full Time Students) for entries received by mail on or before Wednesday February 12th, 2014
 DECK ENTRY FEE: \$35, students \$15

Make checks payable to DOC IU Masters Swim Club Total = _____

LIABILITY WAIVER:

You must read and sign the USMS Liability Waiver on the next page



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");

- 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.
- 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.
- 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.
- 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.
- 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 (circle) M F	Date of Birth (mm/dd/yy)
Street Address, City, State, Zip				
Signature of Participant				Date Signed