

**COLE CENTER FAMILY YMCA**  
**29th ANNUAL MASTERS SPRING FEVER INVITATIONAL**  
**SATURDAY, MARCH 14, 2015**

THIS MEET WILL BE HELD IN COMPLIANCE WITH THE TECHNICAL RULES OF USMS  
RECOGNIZED # 165-R003

- LOCATION :** Cole Center Family YMCA  
700 S. Garden St., Kendallville, In. 46755 (260-347-9622)  
For meet information call Meet Director, Cindy Miller at 260-302-6875
- FACILITY :** 6 Lane-25 Yard Pool, **Daktronics Timing System** with six lane, place,& time display, Starting Blocks, & Anti-Wave Lane Ropes. (Lane 6 may be left open during the meet for warm-up and cool-down).
- TIME :** Warm-up at noon. **Meet starts at 1:00 p.m.**
- ELIGIBILITY :** Anyone!, regardless of USMS or YMCA membership. Must be 18 years of age and in good physical condition.
- ENTRY FEE:** \$20.00 PER PERSON (Entry form & fee Must be postmarked by March 9, 2015).  
**Deck entry fee is \$30 per person. Deck entries will be accepted from noon – 12:30pm.**  
Enter as many events as you like.
- Mail entries and entry fee to: **Cindy Miller (make checks payable to Cindy Miller)**  
**1104 Woodcrest Lane**  
**Kendallville, IN. 46755**  
**cindyswimymca@yahoo.com**
- AWARDS :** Ribbons will be awarded to the 1<sup>st</sup> through 3<sup>rd</sup> places for gender and age group.
- INDIVIDUAL EVENTS :** **Age Groups:** 18-24, 25-29, 30-34, 35-39, 40-44, etc.
- RELAYS :** 18+ 25+ 35+ 45+ 55+ 65+ 75+  
According to youngest swimmer on relay team. All names and ages must be on event entry cards for relays. Relays may be deck entered throughout the meet.
- SEEDING :** Swimmers may be seeded on basis of submitted times regardless of age and gender. Entrants submitting “no time” will be placed in the slowest heat. Heats will be swum from slowest to fastest.

**FREE DINNER WILL BE SERVED AFTER THE SWIM MEET**  
**THIS MEET WILL BE SHOWN ON VIDEO DURING THE DINNER**

**ORDER OF EVENTS**

- |                          |                      |                               |
|--------------------------|----------------------|-------------------------------|
| 1. 200 MEDLEY RELAY      | 8. 200 IM            | 15. 100 BACKSTROKE            |
| 2. 400 INDIVIDUAL MEDLEY | 9. 100 BUTTERFLY     | 16. 50 FREESTYLE              |
| 3. 100 FREESTYLE         | 10. 200 FREESTYLE    | 17. 50 BREASTSTROKE           |
| 4. 200 BACKSTROKE        | 11. 50 BACKSTROKE    | 18. 200 FREESTYLE RELAY       |
| 5. 200 BREASTSTROKE      | 12. 100 BREASTSTROKE | 19. SURPRISE RELAY            |
| 6. 50 BUTTERFLY          | 13. 200 BUTTERFLY    |                               |
| 7. 500 FREESTYLE         | 14. 100 IM           | <b>OTHER BREAKS AS NEEDED</b> |
| 10-MINUTE BREAK          |                      |                               |

**SPRING FEVER INVITATIONAL**

NAME: \_\_\_\_\_ DATE : \_\_\_\_\_

AGE (on day of meet) \_\_\_\_\_ SEX \_\_\_\_\_ USMS REG. # \_\_\_\_\_  
(PLEASE SEND COPY OF YOUR USMS CARD WITH YOUR ENTRY)

CLUB \_\_\_\_\_ Y MEMBER ? Yes \_\_\_\_\_ No \_\_\_\_\_

ADDRESS \_\_\_\_\_  
City State Zip

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**EVENT NUMBER**

**EVENT**

**SEED TIME**

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Please fill out and sign the attached release and liability form. It is the new USMS form that must be submitted and signed with your entry in order to swim in the meet. This is not a sanctioned USMS meet, but it is a recognized USMS meet in which we are following USMS rules in order for USMS registered swimmers to be eligible for state and national records with times obtained in this meet. Thank you for signing and submitting this attached form with your entry form.



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