

# BINGHAMTON UNIVERSITY MASTERS SWIM MEET at BINGHAMTON UNIVERSITY

Sanction # 045-S005

**SUNDAY APRIL 26, 2015**

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## **Meet Info:**

All swimmers must check-in at the table by the pool entrance.

Warm-up for the 1000 Free will start at **8AM**. The 1000 Free will start at **9 AM**. A second warm-up will start upon completion of the 1000 Free for a minimum of a half hour. Event #2 (200 Free) will not start before **10:30AM** to allow for later arrivals. The diving well will be open for continuous warm-up/cool downs. The pool is six lanes with electronic timing. **There will be a 15 min break after event #8 (200 Medley Relay) where the pool will be open for warm-up.**

**There will be another 10 min break after event #15 (200 Breast) where the pool will be open for warm-up.** Ribbons will be awarded for places 1-3 in each age group in both sexes.

*The length of the competition course is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2., 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.*

## **Fees:**

There is a flat meet fee of \$25 for all swimmers. There is a maximum number of individual events is set at 5. Relays are free but are unofficial and results will not be reported

## **Entries:**

There will be no deck entries. Entries can be submitted online or by paper entry. Online entries are preferred. Entries are due by April 20th. **All swimmers must have and include a current USMS/MS registration. One event registrations will not be taken at the swim meet check-in table.**

## **Results:**

Result will be posted on the Niagara website.

## **Instructions:**

Submit your entries online: [https://www.clubassistant.com/club/meet\\_information.cfm?c=2258&smid=6261](https://www.clubassistant.com/club/meet_information.cfm?c=2258&smid=6261)

Your credit card will be charged by "Club Assistant.com Events"

## **OR:**

Submit a paper entry. Please sign the disclaimer below. Please fill out the swimmer info section. All swimmers must include a copy of their current USMS/MS card. Fill in the seed time for your events or NT. Heats will be swum at the meet director's discretion. All USMS and MS registered swimmers 18 yrs old as of 4/26/15 are eligible. Please make checks out to: BUMS. Send to: Steve Kristek 2236 Kathleen Drive, Vestal, NY 13850. Contact Steve Kristek for questions 607-341-2664 or e-mail [smkristek@hotmail.com](mailto:smkristek@hotmail.com).

## **Directions:**

From Rt 17 East or West take exit 70 south to Rt 201 South to Binghamton University. Going up the main entrance drive bear right at the traffic circle to the first brick building on your right, the **West Gym**. Park on the West side of the building and use the door adjacent to the parking lot.

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Name: \_\_\_\_\_ Club \_\_\_\_\_

USMS#MSC \_\_\_\_\_ E-Mail \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Sex \_\_\_\_\_ Age as of 4/26/15 \_\_\_\_\_

Event #	Event Name	Seed Time	Event #	Event Name	Seed Time
1	1000 Free		10	200 Fly	
2	200 Free		11	200 Back	
3	50 Back		12	50 Breast	
4	200 I.M.		13	50 Fly	
5	100 Fly		14	100 Free	
6	100 Breast		15	200 Breast <i>10 min Break</i>	
7	50 Free		16	100 Back	
8	200 M Relay <i>15 min Break</i>		17	100 I.M.	
9	400 I.M.		18	200 F Relay	

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## 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