



Lake Central Masters Pumpkin Plunge
Saturday, October 17, 2015
Hosted by Lake Central Barracudas
Sanctioned by GRIN for USMS Sanction Number: 165-S007

- Location:** Lake Central Aquatic Center
8410 Wicker Avenue
St. John, IN 46373
- Facility:** 10 Lane, 25 yards. Separate area for warm up and cool down. Deck seating for competitors; Elevated spectator seating.
- Meet Conduct:** Current USMS rules will govern the conduct of the meet.
- Eligibility:** The meet is open to anyone 18 and older and must be a member of USMS or a member of a FINA recognized National governing body. All participants must sign the USMS Liability Release form either electronically for online registration or on paper for mail-in and one-day registrations. One day USMS event registration will be available for a \$15.00 fee plus the race fee. One event forms must be completed by anyone not currently registered with U.S. Masters Swimming and waiver release signed.
- International swimmers:** All International swimmers will need to send proof, with a letter or some certification that you are registered with your Country as a **MASTER'S** swimmer. If you are not registered as a **MASTER'S** swimmer with your Country, then you are allowed to enter as a one-event swimmer which means that you will need to sign a form and pay a fee of \$15.00, however your times will not count for submission to FINA or USMS top ten.
- Pool:** 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.
- Age Groups:** 18-24, 25-29, 30-34, 35-39, 40-44, . . .
- Entry Fee:** Online Registration is available until October 15th 11:59PM CDT at https://www.ClubAssistant.com/club/meet_information.cfm?c=2235&smid=6887
\$15.00 fee for all mail entries received by October 10, 2015
\$20.00 fee for all deck entries
Entry fee covers entries (NO MORE THAN 5 INDIVIDUAL EVENTS) and 2 relays
- Mail Entries forms and \$15.00 check to:
Abby Homans
542 South St.
Munster, IN 46321

Event Seeding: All events shall be seeded according to the pre-entered seed time of each swimmer, regardless of age or gender. In the event of multiple heats, slower heats shall be swum first. All no-time (NT) entries shall be placed in the slower heats. All swimmers are responsible for reporting to the blocks at the appropriate time for their events. Heat and lane assignments for all events shall be posted on deck before the start of the competition.

Hospitality: There will be athlete hospitality at this meet.

Order of Events: Deck Entry: 8:45-9:15 am (Central Daylight Time)
Meet Warm up: 8:45-9:45 am (CDT)
Meet Start: 10:00 am (CDT)

Events:

1	200 Medley Relay (mixed)	10	25 Breaststroke
2	200 Freestyle	11	200 Individual Medley
3	50 Breaststroke	12	50 Backstroke
4	100 Freestyle	13	25 Butterfly
5	25 Backstroke	14	100 Backstroke
6	100 Butterfly	15	50 Butterfly
7	25 Freestyle	16	50 Freestyle
8	100 Individual Medley	17	100 Breaststroke
9	500 Freestyle	18	200 Free Relay (mixed)

Warm ups: Entry into the pool must be feet-first in a cautious manner. Diving shall be permitted only in the designated sprint lanes during the meet warm-up. Instructions given by the meet official must be obeyed at all times.



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Name: _____ Gender: _____ Age: _____ DOB: _____

Address: _____

Phone: _____ e-mail: _____

USMS # _____ Team: _____

**Circle the events you wish to swim and provide a seed time (write "NT" for no seed time).
You may compete in 5 individuals and 2 relays. All relays shall be deck entered/seeded.**

- | | | | |
|---------|--------------------------|----------|------------------------|
| 1 _____ | 200 Medley Relay (mixed) | 10 _____ | 25 Breaststroke |
| 2 _____ | 200 Freestyle | 11 _____ | 200 Individual Medley |
| 3 _____ | 50 Breaststroke | 12 _____ | 50 Backstroke |
| 4 _____ | 100 Freestyle | 13 _____ | 25 Butterfly |
| 5 _____ | 25 Backstroke | 14 _____ | 100 Backstroke |
| 6 _____ | 100 Butterfly | 15 _____ | 50 Butterfly |
| 7 _____ | 25 Freestyle | 16 _____ | 50 Freestyle |
| 8 _____ | 100 Individual Medley | 17 _____ | 100 Breaststroke |
| 9 _____ | 500 Freestyle | 18 _____ | 200 Free Relay (mixed) |

Mail entry form and \$15.00 check by October 10, 2015 to:

Abby Homans
542 South St.
Munster, IN 46321

\$20.00 entry fee for all deck entries on the day of the meet

Make all checks payable to: Lake Central Masters Association

For more information, contact Abby Homans – ahomans@lcsemail.com



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