2015 Ozark LMSC SC Meters Championship

Sponsored by St. Louis Area Masters Swimming, Inc. (SLAM)

November 8, 2015

**Sanctioned by Ozark LMSC for USMS, Inc., Sanction #225-S\_\_\_**

**Location: Chuck Fruit Aquatic Center, 6168 Center Grove Rd., Edwardsville, IL 62025**

The pool is 50 meters in length with movable bulkheads which will make the competition pool 25 meters in length. The elevated viewing area has seating capacity of 499 for spectators. The pool level has seating capacity of 220 for coaches and swimmers. There are 6 SCM competition lanes, one buffer and one warm-up/down lane; a separate 8 lane SCY pool is available for warm-up/down at all times during the meet. There are 2 dedicated men’s and women’s large size locker rooms. **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.​**

**Time:** Warm-up begins at 8 am, meet begins at 9 am. Positive check-in is required for the 800 and 1500 free.

**Eligibility:** Persons eighteen (18) years of age and older and all levels of swimming ability are welcome. Age is determined by swimmer’s age on December 31, 2015. Participants must be 2015 USMS members. You may apply for USMS membership at the meet if you so desire, but we prefer you apply for USMS membership online http://www.usms.org/reg/ prior to the meet. Discounted partial year (Sept 1 – Dec 31) membership is available for $25 as of September 1, 2015.We are in the Ozark LMSC.

**Conduct:** The 2015 USMS rules will govern the conduct of the meet. All events will be timed finals. Participants will be limited to five (5) individual events for the meet, in addition to relays. Events will be seeded slowest to fastest; genders may be seeded together at the discretion of the meet referee.

**Relays:** Fully completed relay entry cards will be accepted at the timing console table. All relays will be deck seeded. Blank relay cards will be available at the check-in table and/or can be downloaded from the Ozark LMSC website. Unattached swimmers cannot swim on relays. Relays may be single gender or mixed. Mixed relays require two females and two males. Age groups for relays are determined by the sum of the ages of the relay members. Mixed and single gendered relays will be swum together, thus you can swim either a mixed or a single gender relay, but not both, for each type of relay. Relay age-groups are 72-99, 100-119, 120-159, 160-199, 200-239, 240-279, 280-319, 320-359, etc.

**Fees:** No online entry option is available for this meet. Deck entries are accepted, but discouraged. Entry fees are $35 by mail or $40 deck entry. Mailed entries must be accompanied by check and signed entry form and mailed to **Maryanne Barkley, Meet Director, 931 Cherry Lane, Troy, IL 62294.** Please make checks payable to **St Louis Area Masters Swimming, Inc**. Swimmers participating only on relays must submit a signed entry form and pay the appropriate entry fee as above. ***No cash please.*** Bring proof of 2015 USMS membership or be prepared to pay for USMS registration at the meet**.**

**Entry Deadline:** Mailed entries must be received by November 2nd or postmarked by October 31st. Call Maryanne Barkley at (618) 667-3134 if you do not receive email confirmation of your entry by November 4th. Questions: [barkleymaryanne@gmail.com](mailto:barkleymaryanne@gmail.com)

Deck entries close at 8:30 am. Relay entries close at 9:30 am. To expedite deck entry check-in, please have your completed, signed paper entry form and completed check ready. **No deck entries are permitted for the 800 and the 1500. These events will also require positive check-in.**

**Driving Directions: Chuck Fruit Aquatic Center, 6168 Center Grove Rd., Edwardsville, IL 62025**

From I-270 exit 157 north (Exit #9). Take Hwy 157 approximately 3.5 miles north. Turn right onto Center Grove Road. Go to the next stop light and turn right, entering into the District 7 Sports Complex. The Chuck Fruit Aquatic Center will be on your left hand side. Parking is either the first left as you enter, or, you can go through the gates and you will find more parking. Overflow parking can be found at Edwardsville High School on the north side of Center Grove Rd. There is a walking tunnel from the high school to the complex located near the staff parking lot.

2015 OZARK LMSC SC Meters Championship ENTRY FORM

Sanctioned by Ozark LMSC for USMS, Inc., Sanction # **225-S\_\_\_\_**

**November 8, 2015 – Meet starts 9 am**

|  |  |
| --- | --- |
| Name (as listed on 2015 USMS card): | Birth Date: Age (on Dec 31, 2015) Gender: |
| Address: | Home Phone |
| City: State: Zip: | Club Affiliation |
| 2015 USMS Number (attach copy of card) | Email Address: |
| Emergency Contact Name: | Emergency Contact Phone: |

**SEED TIME REQUIRED** – **Actual or Estimated SC Meters time; Print Times Legibly**

Maximum Entry – 5 events, plus relays

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Event-SC meters** | **Seed Time** | **#** | **Event-SC meters** | **Seed Time** |
| 1 | 100 Free |  | 18 | 200 Breast |  |
| 2 | 200 Fly |  | 19 | 50 Back |  |
| 3 | 50 Breast |  | 20 | 100 Fly |  |
| 4/5/6 | 200 Medley Relay  M/F/Mixed | Deck entry | 21/22/23 | 200 Free Relay  M/F/Mixed | Deck entry |
| 7 | 400 Free |  | 24 | 100 IM |  |
| 8 | 100 Breast |  | 25 | 400 IM |  |
| 9 | 200 Back |  | 26 | 200 Free |  |
| 10/11/12 | 400 Free Relay  M/F/Mixed | Deck entry | 27 | 100 Back |  |
| 13 | 50 Fly |  | 28 | 50 Free |  |
| 14 | 200 IM |  | 29/30/31 | 400 Medley Relay  M/F/Mixed | Deck entry |
| 15/16/17 | 800 Free Relay  M/F/Mixed | Deck entry | 32 | 800 Free |  |
|  | 15 Minute BREAK |  | 33 | 1500 Free |  |

**See next page for insurance waiver which must be signed and included with entry form.**

Mailed entry fee: **$35** must be received by November 2nd or postmarked by October 31st.

Deck entry fee: **$40**, deadline 8:30 am. No deck entries are accepted for 800 Free and 1500 Free.

Positive check-in is required for the 800 and 1500 Free.

Total Enclosed $\_\_\_\_\_\_\_\_\_\_\_Checks payable to **St. Louis Area Masters Swimming, Inc.**

Mail entry form, waiver and check to **Maryanne Barkley, Meet Director, 931 Cherry Lane, Troy, IL 62294.**

Call (618) 667-3134 or email [barkleymaryanne@gmail.com](mailto:barkleymaryanne@gmail.com) if your entry is not confirmed by November 4th.

The waiver on the next page must also be completed, signed and mailed with mailed entries.http://www.usms.org/logos/USMS_Logo_Horz_tm_200x38.jpg **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 | |