

O*H*I*O MASTERS 2016 LONG COURSE METERS (LCM) SWIM MEET BUSBEY NATATORIUM - CLEVELAND STATE UNIVERSITY CLEVELAND, OHIO JUNE 25 –26, 2016

USMS SANCTION: # 186-S003

DATES Sat., June 25, 2016. Warm-ups: 8:00 a.m. Deck entries until 8:50 a.m. Meet: 9:00 a.m. Sun., June 26, 2016. Warm-ups: 8:00 a.m. Deck entries until 8:50 a.m. Meet: 9:00 a.m.

- **POOL** The Cleveland State University Busbey Natatorium, 2451 Euclid Ave., Cleveland, OH, was designed by one of our members, Peter van Dijk, and is recognized as one of the fastest pools in the country. We are fortunate to be able to use this pool for our meet thanks to the generous cooperation of John C. Parry, Director of Athletics at CSU, and Paul Graham, head swim coach. The pool is a 9 lane, 50 meter pool, equipped with automatic timing and digital read-out board. The lanes are 8 feet wide with depths between 12 to 16-1/2 feet deep and has antiturbulent lane lines. One lane will be reserved for warm-up and warm-down during the meet. The length of the competition course without a bulkhead is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2.1.
- **LOCATION** To reach Busbey Natatorium, take I-90 to downtown Cleveland and exit at Chester Avenue. The Natatorium is located off this exit, just west of I-90. It is the large brick building between Chester and Euclid Avenues. Parking will be ample on the weekend in the many University parking lots and free street parking.
- **ELIGIBILITY** 2016 U.S. Masters Swimming rules will govern conduct of the meet. Because of insurance requirements, all swimmers must be registered U.S. Masters Swimmers. If not registered, swimmers can register online with USMS after the entry due date or at the meet, but swimmers must be USMS registered before swimming any events. The USMS Release of Liability must be signed electronically during online meet entry or must be signed on paper for mailed entries. Please send a copy of your USMS card with your mailed entry. Limit 5 individual events per day. Only swimmers entered in the meet can participate in relays.
- AGE GROUPS Age of competitors on December 31, 2016 will determine age group. Age groups are: 18-24, 25-29, 30-34, etc. For relays, the age group is determined by the sum of the ages of the swimmers: 72-99, 100-119, 120-159, 160-199, 200, 239, 240-279, 280-319, etc. Only registered clubs can enter relays.
- **AWARDS** Individual events: first-place medal, second, third, fourth, fifth, and sixth-place ribbons. Relays: first place ribbons. For those who have too many medals and ribbons, we offer alternate awards coupons for first, second and third place in individual events and first place in relays.
- **SEEDING** Heats will be formed by submitted times, regardless of age or sex, and progress from fast to slow to "No Time" and deck entries.
- **DEADLINE** Online registration is offered on ClubAssistant.com. Online entries will close at 6 p.m. on Friday, June 24, 2016. Paper entries must be received by the Meet Director by Wednesday, June 22, 2016. Deck entries will be accepted until ten minutes prior to the start of the meet. No deck entries for event 18 (400 meter Freestyle).

ENTRIES 1 DAY ONLINE ENTRIES 1 DAY PAPER ENTRIES FEES O*H*I*O Masters Members: \$25.00 O*H*I*O Masters Members: \$30.00 Non-O*H*I*O Masters Member: \$35.00 Non-O*H*I*O Masters Member: \$40.00 **2 DAY ONLINE ENTRIES 2 DAY PAPER ENTRIES** O*H*I*O Masters Members: \$35.00 O*H*I*O Masters Members: \$40.00 Non-O*H*I*O Masters Member: \$45.00 Non-O*H*I*O Masters Member: \$50.00 TWO DAY Deck Entries: \$75.00 ONE DAY Deck Entries: \$50.00

Relay Only Swimmers: \$10.00 for Saturday or Sunday or for both days. Paper Entry Only! MAXIMUM 5 INDIVIDUAL AND 3 RELAYS PER DAY

Online entries are paid by credit card to ClubAssistant.com and your credit card will be charged by "ClubAssistant.com Event Billing" for this swim meet. For mailed entries, make checks payable to **O*H*I*O Masters Swim Club** and mail to **Meet Director, P.O. Box 43824, Cleveland, Ohio 44143.** Online entries are cost effective and strongly recommended.

SATURDAY EVENTS - We offer events on Saturday to allow people to swim events that would otherwise be too close together on Sunday. A stroke and distance swum on Saturday may not be repeated the next day. Results of the Saturday events are combined with the results on Sunday.

MOTELS The following hotels are located downtown:

| Comfort Inn Downtown 1800 Euclid Avenue, Cleveland | (216) 861-0001 (800) 228-5150 | | | | |
|---|----------------------------------|--|--|--|--|
| Crowne Plaza Cleveland - City Centre 777 St. Clair Ave. N.E., Cleveland | (216) 373-3310 | | | | |
| Hampton Inn – Cleveland Downtown 1460 E. 9 th Street, Cleveland | (216) 241-6600 | | | | |
| Wyndham Cleveland at Playhouse Square 1260 Euclid Avenue, Cleveland | (216)615-3323 | | | | |
| Additional recommendations (easy access by freeways): | | | | | |

Red Roof Inn (I-77 and Rockside Rd.) (440) 439-2500

ORDER OF EVENTS

Saturday, 9 a.m., June 25, 2016 SATURDAY EVENTS MAY NOT BE REPEATED ON SUNDAY

- 1. 50 m Freestyle
- 2. 50 m Backstroke
- 3. 50 m Breaststroke
- 4. 50 m Butterfly
- 5. 400 m Individual Medley
- 6. 100 m Freestyle
- 7. 100 m Backstroke
- 8. 100 m Breaststroke
- 9. 100 m Butterfly

Note 1 – Do not enter both events 16 and 17

Sunday, 9 a.m., June 26, 2016

- 18. 400 m Freestyle
- 19. 200 m Butterfly
- 20. 400 m Free Relay
- 21. 100 m Backstroke
- 22. 50 m Freestyle
- 23. 200 m Breaststroke
- 24. 200 m Medley Relay
- 25. 50 m Butterfly
- 26. 100 m Freestyle

- 10. 200 m Freestyle 11. 200 m Backstroke
- 12. 200 m Breaststroke
- 13. 200 m Butterfly
- 14. 200 m Individual Medley
- 15. 800 m Freestyle Relay
- 16. 800 m Freestyle
- 17. 1,500 m Freestyle
- 27. 200 m Individual Medlev
- 28. 100 m Breaststroke
- 29. 50 m Backstroke
- 30. 100 m Butterfly
- 31. 200 m Free Relay
- 32. 200 m Freestyle
- 33. 50 m Breaststroke
- 35. 400 m Medley Relay

Note 2 - No deck entries for event 18

Note 3 – Pursuant to USMS Rules of Competition, Article 102.6, swimmers may not compete in more than 5 individual events per day. Pursuant to Article 102.9.8, swimmers may swim only once in each of the relay events. Pursuant to Article 102.9.1, unattached swimmers may not swim in relay teams. Relay teams must be composed of USMS members of the same club.

MEET DIRECTOR Tom Gorman

RESULTS will be posted on www.ohiomasters.com usually within a day or two.

- - 34. 200 m Backstroke

MAIL IN ENTRY FORM

| O*H*I*O MASTERS - 2016 LONG COURSE METERS (LCM) SWIM MEET |
|--|
| BUSBEY NATATORIUM, CLEVELAND STATE UNIVERSITY, CLEVELAND, OHIO |
| JUNE 25–26, 2016 |
| USMS SANCTION: # 186-S003 |

| NAME | | | | | |
|-------------------------|----------------|----------------------|--------------|------------|-----------------------|
| ADDRESS | | CITY _ | | STATE _ | ZIP |
| PHONE | TEAM | or UNattached | USMS # | | _ (with copy of card) |
| Saturday, 9 a.m., June | 25, 2016 SA | ATURDAY EVENT | S MAY NOT | BE REPEA | TED ON SUNDA |
| 1. 50 m Freestyle | | 1 | 0. 200 m Fre | estyle | |
| 2. 50 m Backstroke | | 1 | 1. 200 m Bac | ekstroke | |
| 3. 50 m Breaststroke | | | 2. 200 m Bre | | |
| 4. 50 m Butterfly | | | 3. 200 m But | • | |
| 5. 400 m Indiv. Medley | | | 4. 200 m Ind | • | |
| 6. 100 m Freestyle | | | 5. 800 m Fre | • • | |
| 7. 100 m Backstroke | | | 6. 800 m Fre | • | |
| 8. 100 m Breaststroke | | 1 | 7. 1,500 m F | reestyle | |
| 9. 100 m Butterfly | | | | | |
| Sunday, 9 a.m., June 20 | 6, 2016 | | | | |
| 18. 400 m Freestyle | | 2 | 7. 200 m Ind | iv. Medley | |
| 19. 200 m Butterfly | | 2 | 8. 100 m Bre | eaststroke | |
| 20. 400 m Free Relay | | 2 | 9. 50 m Bac | kstroke | |
| 21. 100 m Backstroke | | 3 | 0. 100 m Bu | tterfly | |
| 22. 50 m Freestyle | | | 1. 200 m Fre | • | <u></u> |
| 23. 200 m Breaststroke | | | 2. 200 m Fre | • | <u></u> |
| 24. 200 m Medley Relay | | | 3. 50 m Bre | | |
| 25. 50 m Butterfly | | | 4. 200 m Bao | | |
| 26. 100 m Freestyle | | 3 | 5. 400 m Me | dley Relay | |
| Entry Food One Day Day | n on Entroy | *11*1*0 Maatawa Ma | | ¢20.00 | |
| Entry Fees: One Day Pap | | | | \$30.00 = | |
| One Day Pa | per Entry - No | on-O*H*I*O Master | s Member | \$40.00 = | |
| Two Day Pa | per Entry - O | •*H*I*O Masters Me | mber | \$40.00 = | |
| Two Day Pa | per Entry - N | on-O*H*I*O Master | rs Member | \$50.00 = | · |
| Relay only S | Swimmers – f | for Saturday, Sunday | or both | \$10.00 = | |

Deadline: Deadline for paper entries must be received by Wednesday, June 22, 2016. Make checks payable to: **O*H*I*O MASTERS SWIM CLUB.** Mail to: Meet Director, P.O. Box 43824, Cleveland, Ohio 44143



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) | Date of Birth (mm/dd/yy) |
|----------------------------------|------------|----|--------------|--------------------------|
| | | | MF | |
| Street Address, City, State, Zip | | | | |
| | | | | |
| Signature of Participant | | | Da | te Signed |
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| | | | | Deviced 07/01/201 |