

EMU Coldest Masters SCY Swim Meet

Jones Natatorium - Ypsilanti, MI Sunday, January 15, 2017 sanction#197-S00X

This meet will be swum as Short Course yards (SCY) 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.

Eligibility: Only swimmers who have a current USMS 2017 registration will be allowed to compete. Registration is available online at <u>http://www.usms.org/reg</u> Enclose <u>a photocopy of</u> your USMS membership card with your entry.

Entries: Pre-entries are \$28; pre-entries should be postmarked by January 9th. Deck entries on the morning of the meet will be \$45.All relays will be deck entered. Swimmers may swim a maximum of 5 individual events and 3 relays.

Warm-up will begin at 8AM, the meet will begin at 9AM. Enter the pool feet first; no diving is allowed during warm-up except in the designated "diving" lane.

Only two heats (the first 20 entries) of the the 1000 yd Freestyle will be swum. <u>No deck</u> entries will be accepted for the 1000 yd Freestyle.

Location: Jones Natatorium at Eastern Michigan University, which is located in the Athletic Campus (see attached map)

Meet Director:

Frank "Skip" Thompson (248) 683-2191 thompsonfrank866@gmail.com

Mail entries (please include signed waiver form) and a photocopy of your USMS card to:

Frank Thompson 2660 Littletell West Bloomfield, MI 48324-1753

MAKE CHECKS PAYABLE TO: South Oakland Seals



EMU Coldest Masters Meet Entry, January 15, 2017

| Name: | | Email: | | |
|---------------|---------------------------|----------------|----------------------|--|
| Street Addres | SS: | | | |
| City: | | Date of Birth: | | |
| Phone#: | SEX: AGE: | USM | IS# | |
| EVENT# | EVENT | | SEED TIME | |
| 1 | 1000 yd. Freestyle | | | |
| 2 | 50 yd. Breaststroke | | | |
| 3 | 100 yd. Butterfly | | | |
| 4 | 200 yd. IM | | | |
| 5 | 50 yd. Freestyle | | | |
| 6 | 800 yd. Relays (Freestyle | 2) | Will be deck entered | |
| 7 | 200 yd. Backstroke | | | |
| 8 | 100 yd. IM | | | |
| 9 | 200 yd. Breaststroke | | | |
| 10 | 100 yd. Freestyle | | | |
| 11 | 200 yd. Butterfly | | | |
| 12 | 400 yd. Relays (Medley) | | Will be deck entered | |
| 13 | 50 yd. Backstroke | | | |
| 14 | 100 yd. Breaststroke | | | |
| 15 | 50 yd. Butterfly | | | |
| 16 | 200 yd. Freestyle | | | |
| 17 | 400 yd. relays (Freestyle |) | Will be deck entered | |
| 18 | 100 yd. Backstroke | | | |
| 19 | 400 yd. IM | | | |
| 20 | 500 yd. Freestyle | | | |



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 | Date | Date Signed | | | | | |
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| Revised 07/01/2014 | | | | | | | |