**Central Washington University Masters presents the**

Swim Your Heart Out Masters Meet

 **Sunday, February 11th, 2018** 

**Date/Times**: Sunday, February 11, 2017. Warm-up starts at 9:00am, Meet starts at 10:00 am. Second Warm-up begins approximately at 11am.

**Sponsor**: Central Washington University Swim Club. Sanctioned by [Inland Northwest Masters Swimming](http://www.inlandnwmasters.org/) (IWMSC) for United States Masters Swimming, Inc. (USMS) Sanction number 354-S007.

**Facility:** Central Washington University’s Aquatic Facility. 25-yard competition pool with 8 lanes and automatic timing system. Dedicated 2 lanes of the pool for warm up/down. Locker rooms adjacent to pool deck. Spectator balcony.

**Eligibility**: All swimmers must be currently registered USMS swimmers or foreign equivalent. New members can register online: [www.usms.org/reg](http://www.usms.org/reg).

**Rules**: 2017-2018 USMS rules will apply. Available at www.usms.org/rules/ and at the meet. Certified stroke and turn judges will be present. Events will be seeded slow to fast.

**Deadline**: All paper entries must be postmarked by Saturday, February 3rd, 2018. Online meet entry closes Tuesday, February 6th, 11:59pm PST.

**Fees**: $30 for entries. Make payment by check/money order payable to **CWU Swim Club**. **Cash will not be accepted.** Online registrations will be charged to a credit card. **The charge on your card will be from "ClubAssistant.com Events" for this meet.**

**Conduct of the meet**: Each participant may swim five individual and three relay events. Positive check-in required for 500 free and 400 IM.

**Relays**: Submit relay cards to the Clerk of Course by 10:30 AM. Individuals must be signed up with the club they represent to have their relay points count for that club.

**Awards**: First-Third place ribbons will be available within each age group. Additional prizes will be given to first-third place individual swimmers in events 200 yards and over (without age groupings).

**Directions**: **1a.** From I-90 heading either east or west take exit 106. **2.** Continue straight on University Way. **3.** Take a left on D St, continue

to the second stop sign on E Dean Nicholson Blvd and take a right. **4.** Take a left onto N Walnut St and parking will be to the left right out side of the Aquatic Facilities (boxy brick building next to the football field and Dorothy-Purser Hall)

**Accommodations:** Nearby hotels are the Hampton Inn, Holiday Inn, Comfort Inn, Quality Inn, Best Western, Days Inn, and Motel 6.

**Nourishment:** Refreshments will not be available; however, food is allowed on deck.

**QUESTIONS:** Contact Meet Director Brooke Bailey at (206) 930-2139 or email brooke.bailey@cwu.edu

Postmarked by: February 3rd, 2018

Online entries:

Online deadline: Tuesday, February 6th ,11:59pm PST

Mail Entries to: Brooke Bailey

1203 N Willow St #2, Ellensburg, WA 98926

Entry fee: $30.00

Checks payable to: CWU Swim Club

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Male  Female Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_USMS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club/Team \_\_\_\_\_\_\_\_\_

Enter events using Yard Times ● Maximum of 5 Individual and 3 Relay Events.

1) 1) 500 Y Freestyle \_\_\_\_\_\_\_\_\_

**Second Warm-up at Approx. 11 am**

2) *200 Y Mixed Freestyle Relay*

3) 400 Y Ind. Medley \_\_\_\_\_\_\_\_\_

**10 Minute Break**

4) 100 Y Freestyle \_\_\_\_\_\_\_\_\_

5) 200 Y Breaststroke \_\_\_\_\_\_\_\_\_

6) 50 Y Backstroke \_\_\_\_\_\_\_\_\_

7) 100 Y Butterfly \_\_\_\_\_\_\_\_\_

8) 200 Y Ind. Medley \_\_\_\_\_\_\_\_\_

9) *400 Y Mixed Y Freestyle Relay*

**10 Minute Break**

10) 200 Y Freestyle \_\_\_\_\_\_\_\_\_

11) 50 Y Breaststroke \_\_\_\_\_\_\_\_\_

12) 100 Y Backstroke \_\_\_\_\_\_\_\_\_

13) 200 Y Butterfly \_\_\_\_\_\_\_\_\_

14) 100 Y Ind. Medley \_\_\_\_\_\_\_\_\_

15) *200 Y Mixed Medley relay*

**10 Minute Break**

16) 50 Y Butterfly \_\_\_\_\_\_\_\_\_

17) 100 Y Breaststroke \_\_\_\_\_\_\_\_\_

18) 200 Y Backstroke \_\_\_\_\_\_\_\_\_

19) 50 Y Freestyle \_\_\_\_\_\_\_\_\_

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 | |

***Revised 07/01/2014***