

2015 USMS SUMMER NATIONAL CHAMPIONSHIP OFFICIAL ENTRY FORM

SPIRE Aquatic Center, Geneva, Ohio, August 6-9, 2015 >>> Sanctioned by the Lake Erie LMSC for USMS Inc.—Sanction Number 185-S004

Last name:* _____ First: _____ MI: _____

Street Address: _____ City: _____ State: _____ ZIP: _____ Country: _____

Email: _____ Day Phone: _____ Eve. Phone: _____

Age** : _____ DOB: _____ Gender: _____ Emergency Contact: _____ Phone: _____
(as of 12/31/15)**

Club Name or Unattached: _____ USMS or International Reg. #: _____

* Print name as it appears on USMS registration card. **All swimmers must be at least 18 years old on 8/5/15.

Before completing, read meet information in SWIMMER or online at usms.org/comp/lcnats15. Check-in for all deck-seeded events: Check-in for Thursday starts THE DAY BEFORE and ends at 7 a.m. on Thursday for the 800 free and 9 a.m. for the 1500 free. Check-in for the 400 IM on Friday, 400 free (men) on Saturday, and 400 free (women) on Sunday ends at 7 a.m. on the days the events are swum. Check-in for all 200s ends at either 9 a.m. or 11 a.m. on the days of those events.

Event #	Entry Time (Men)	6th	Event	Event #	Entry Time (Women)	6th
Thursday, August 6			Warm-up 6:30-7:50 a.m.	Start at 8:00 a.m.		
1			800 mixed freestyle**	2		
3			1500 mixed freestyle**	4		
Friday, August 7			Warm-up 6:30-7:50 a.m.	Start at 8:00 a.m.		
5			400 IM	6		
7			100 butterfly	8		
9			50 freestyle	10		
11			200 backstroke	12		
13			100 breaststroke	14		
15	See relay form		200 freestyle relay	16	See relay form	
Saturday, August 8			Warm-up 6:30-7:50 a.m.	Start at 8:00 a.m.		
17			400 freestyle (men)			
19			100 freestyle	20		
21			200 breaststroke	22		
23			50 backstroke	24		
25			200 butterfly	26		
27	See relay form		200 mixed freestyle relay		See relay form	
29	See relay form		200 medley relay	30	See relay form	
Sunday, August 9			Warm-up 6:30-7:50 a.m.	Start at 8:00 a.m.		
			400 freestyle (women)	32		
33	See relay form		200 mixed medley relay		See relay form	
35			50 breastroke	36		
37			100 backstroke	38		
39			200 freestyle	40		
41			50 butterfly	42		
43			200 IM	44		

**Swimmers may enter either the 800 or 1500 free, but not both. All swimmers entering the 1500 free must meet the NQT.

»» MAIL ENTRIES TO:
 USMS Summer Nationals
 P.O. Box 185
 Londonderry, NH 03053-0185

»» ENTRIES MUST BE RECEIVED BY JUL 6, 2015

- »» ENTRY CHECKLIST
- Entry form filled out completely?
 - 6th event clearly marked? (Mark 6th only if entering six events.)
 - Seed times in proper columns?
 - No more than three individual events per day entered?
 - Liability release (page 2) completed, signed and dated?
 - Fees payable to "USMS" enclosed?
 - Copy of USMS card or international registration card (if applicable) attached?
 - SASE enclosed? (Indicate purpose on envelope.)

Questions? Call 440-466-1002 (Ext. 139)

Meet Surcharge		
If received by 6/15		\$50
If received between 6/16 and 7/6		\$60
Number of individual events	_____ x \$4	_____
Mailed hard copy of final results	_____ x \$15	_____
Gold Medal Sponsor	_____ x \$90	_____
Social: Wine tasting and buffet dinner, Sat. Aug. 8	_____ x \$35	_____
TOTAL FEES ENCLOSED		\$ _____



Online entries are encouraged and provide immediate confirmation of entry. Please visit usms.org/comp/lcnats15.

This entry form has TWO PAGES. The liability waiver on the second page must be completed and included with your entry.



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");

- 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.
- 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.
- 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.
- 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.
- 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	