

2012 USMS 10-Mile Open Water National Championship Saturday, July 28, 2012

Lake Minnetonka, Excelsior/Wayzata, MN Hosted by: Hopkins Masters/Genesis Aquatics

Sanction # 302 – ow001



(ONLINE REGISTRATION IS PREFERRED)

EVENT: 2012 USMS 10-MI OPEN WATER NATIONAL CHAMPIONSHIP:

The course is a straight swim across the lake and back ("two lengths"). The straight-line distance between two beaches on Lake Minnetonka (Excelsior Beach & Wayzata Beach) is 5-miles. Individual swimmers will swim "one length" from Excelsior Beach to Wayzata Beach, and back to Excelsior Beach. Relays of two swimmers will have each relay member swim "one length" (5-miles). To view the course, visit:

https://sites.google.com/site/minnetonkachallenge/

LOCATION/FACILITY: Excelsior Beach, corner of West Lake Street and 1st Street, Excelsior, MN 55331. Lake temperature in late July is usually between 75-80 F.

TIME LIMIT: Must be at the 5-mile (half-way/turn-around) by 10:30AM or you will be disqualified and asked to stop.

CHECK-IN & START TIMES (CST)

- Mandatory Technical Meeting: Friday, July 27, 2012 at 5:00 PM, at Excelsior Beach.
- Race Day CHECK-IN: 5:30-6:00 AM
- Race Day Meeting: 6:05 AM
- First wave start (6 hr+ seed times): 6:30 AM
- Second wave start (5.5 6 hr seed times): 6:40 AM
- Third wave start (5 5.5 hr seed times): 6:50 AM
- Fourth/Final wave start (< 5 hr seed times): 7:00 AM

ELIGIBILITY:

- This is a USMS-sanctioned event. All participants must be 18-years or older as of July 28, 2012 and be a 2012 registered member of USMS or equivalent FINA organization for foreign swimmers.
- Foreign swimmers are not eligible for USMS All-American status.
- USMS "One-Event" registration is NOT allowed for USMS Open Water National Championship events, but is available for USMS Open Water Non-Championship events or races
- Swimmers who cannot complete the 5-Miles or 10-Miles within the established TIME LIMIT are recommended not to enter the open water event.

RULES: Current USMS rules will govern this event.

ENTRY FEES (Online Entry is preferred)

Four registration deadlines:

- \$45; received by May 31, 2012
- \$55; received by June 30, 2012
- \$65; received by July 15, 2012
- \$75; up to day of race

Event registration will close when 100 entries have been received. Fee includes: T-shirts, swim caps, goody bags & snacks. **NO REFUNDS FOR ANY REASON!**

START/FINISH: All swims start and finish on Excelsior Beach (water's edge) with finish about 5-10 feet from water's edge.

<u>TIMING</u>: Manual timing with three back-ups. All finish times recorded and matched to finish order (by race number).

RESULTS

Results will post within 48-hours <u>www.USMS.org</u> and <u>https://sites.google.com/site/minnetonkachallenge/</u>

SAFETY: There are boats on this lake (boaters, skiers, fishers, etc.). Every swimmer must have an escort (canoe/kayak and paddler). Those coming from outside of MN may rent a canoe/kayak and request a paddler. Contact the race director for more information (<u>minnetonkachallenge@gmail.com</u>). Safety boats and lifeguards will monitor the entire course. A water stop will be available on the course at the halfway mark (5-miles). Swimmers must wear race cap and numbers on arms and back for identification. Medical personnel will be at start and 5-mi. Athletes will enter the water only after being identified and recorded by race number by a race official. In case of severe weather or other safety issue, the race may be postponed, cancelled or abandoned without refund. Safety info: https://sites.google.com/site/minnetonkachallenge/safety.

SEEDING

Swimmers will self-seed in heats according to estimated time. **All swimmers must provide a real or estimated seedtime.** The Event Director reserves the right to change seeding.

AWARDS

USMS National Championship medals will be awarded to the top six finishers by age group and gender. Standard USMS age groups will apply. USMS Long Distance Championship patches will be awarded to gold medalists in each age group. Merchandise may be awarded to age group medalists.

LODGING/CAMPING/PLACES OF INTEREST:

- Holiday Inn Express Hotel & Suites, 952.401.8850
- · Country Inn & Suites by Carlson, 952.937.2424
- AmericInn of Chanhassen, 800.396.5007
- Chanhassen Inn, 952.934.7373
- "Home-stays" with local USMS families may be available. Contact Event Director.

AIRPORT

Minneapolis-St. Paul (MSP), about 30-min. by car from venue.

DIRECTIONS: (Google Map: Excelsior Beach, Excelsior, MN) From MSP Airport: Follow 5W/494 south to 494 West. Follow 15 miles to Exit 16B (Hwy 7 west). Follow 5.5 miles to 2nd Street exit. Follow to Lake Street and turn right. Follow along lake to West Lake Street. Turn left on West Lake Street and right on 1st Street. Driving time from MSP Airport is about 30-minutes.

PARKING: Off-street in residential area; or meters.

SCHEDULE OF EVENTS

Contact Event Director or go to https://sites.google.com/site/minnetonkachallenge/.



Entry Form USMS 10-mile Open Water National Championship Saturday, July 28, 2012



Online entry is preferred: <u>https://sites.goo</u>	ogle.com/site/minr	netonka	challer	<u>nge/</u> P	aper	entries h	ave a \$	5 service	charge.
Name	Street Addr	ress							
City Sta	ate Zip		DOI	B/_	/	Age	e	_Gender M	F (circle)
Email:	Phone:				US	MS #		CLUB	
Emergency Contact Person:		Emergen	cy Phone	e:					
Attach copy of USMS card CHECKS PAYABLE TO: Genesis Aquatics \$45 Entry Fee received by May 31, 20 \$55 Entry Fee received by June 30, 20	, PO Box 31, Wayz 12 \$65 Entry	zata MÑ Fee rece	55391 eived b	y July 1 fter July	5, 20 / 16, 2	12 2012; up 1	to race		
		Paper Entry Serv				/ Service	e Charge \$ 5.00		
One T-Shirt included with entry fee (adult size	es; please select):	XS	S	М	L	XL	XXL		
Extra T-Shirts: Indicate size & quantity S	M L	XL	_ XXL		x	\$20 ea	. =	\$	
							τοτρ	AL \$	
Please check the appropriate wave number	er and start time:								
I want to swim in the Wave 1 (6:30ar	n; estimated time	of 6+ ho	ours)						
I want to swim in the Wave 2 (6:40ar	n; estimated time	of 5-1/2	to 6 ho	ours)					
I want to swim in the Wave 3 (6:50ar	n; estimated time	of 5 to §	5-1/2 ho	ours)					
I want to swim in the Wave 4 (7:00ar	n; estimated time	of unde	r 5 hou	urs)					
Please read and sign: LIABILITY RELEASE I, the undersigned participant, intending to be le by a physician. I acknowledge that I am aware of possible permanent disability or death, and agre MASTERS SWIMMING PROGRAM OR ANY AC CLAIMS FOR LOSS OR DAMAGES, INCLUDIN OR PASSIVE, OF THE FOLLOWING: UNITED COMMITTEES, THE CLUBS, INCLUDING NOE PROPERTY OWNERS ASSOCIATION (SHPOA COMMITTEES OR ANY INDIVIDUALS OFFICIA abide by and be governed by the rules of USMS water swimming and agree to assume those risk	gally bound, hereby of all the risks inhere be to assume all of the CTIVITIES INCIDEN IG ALL CLAIMS FO STATES MASTERS BLESVILLE ADULT S A) AND FRIENDS O ATING AT THE MEE S. Finally, I specifical	nt in Mas nose risk IT THER R LOSS S SWIMM S SWIM TE F CENTI ETS OR	sters sw s. AS A ETO, I I OR DA IING IN EAM, H RAL PC SUPER	Vimming COND HEREB MAGES C., THE OST FA OOL, INC VISING	(train ITION Y WA S CAU E LOC CILIT C., ME SUCI	ing and co OF MY P IVE ANY SED BY AL MAST IES, INCL ET SPON H ACTIVI	ARTICII AND AL THE NE ERS SV UDING SORS, TIES. In	on), includin PATION IN L RIGHTS ⁻ GLIGENCE VIMMING SOUTH HA , MEET addition, I a	g THE TO , ACTIVE ARBOUR agree to
Swimmer's Signature:			_	Date:					_
Please read and sign: AUTHORIZATION AND I, the enrolled participant agree to be filmed, pho Director (also known as Meet Director), or by an authorized photographers, writers, hosts, or spo Event Director, and anyone authorized by the E quotes, and biographical information, whether a in this event. I will not promote third party spons there will be no refunds given for any reason inc	otographed, taped, q nyone authorized by insors of this event u vent Director, the rig udio or visual, before ors, causes, or char	uoted or the Ever inder the ht to use e, during ities unle	otherw nt Direct conditi (withou and aft	ise mer tor. This ons auti ut comp er the p approve	ntioned includ horize ensati eriod ed by t	d (without des but is d by the E ion) my na of my indi	not limit Event Dir ame, pic ividual o	ted to the of rector. I give sture, likenes r team partic	ficial and the ss, cipation
Swimmer's Signature:			_	Date:					-

Attach check Payable to: *Genesis Aquatics* and a copy of your current USMS card Mail to: Genesis Aquatics, PO Box 31, Wayzata MN 55391