



2013 JIM MCDONNELL LAKE SWIMS & OPEN WATER CLINIC

Sanctioned by Potomac Valley LMSC for USMS, Inc - Sanction

First Name: _____ MI: _____ Last Name: _____
Street Address: _____ City: _____ State: _____ ZIP: _____
Phones: Primary: _____ Cell/Other: _____
E-Mail: _____ (email will be used for all communications with swimmers)
Birth Date: _____ Gender (M/F): _____ T-shirt Size: S ____ M ____ L ____ XL ____
Emergency contact: _____ Phone: _____
USMS Reg. #: _____ USMS Club (No Workout Groups): _____

** 18-year-olds must be 18 on 5/26 for lake swims and 18 on 5/25 for clinic

ATTACH COPY OF USMS CARD TO THIS ENTRY FORM

RACE/CLINIC ENTRY & FEES

Select Swimwear Division

Wetsuit / Non-wetsuit (circle one)

Select Swims/Seed Time (You may enter all swims)

____ Open Water Clinic/Practice Swim (Saturday)

____ 2-mile race (Sunday)

____ 1-mile race (Sunday)

1650 Yd Seed Time ____:

Fees:

Event Entry Fee (required).....\$20.00

Online Processing (required)..... \$1.50

____ Race(s) @\$35.....

Open-water Clinic @\$20

One-event Registration @\$20

Total Fees.....

**ENTRIES CLOSE FRIDAY, MAY 18, 2012 NO REFUNDS OR
SELLING OF SLOTS**

MEET INFORMATION

Location: Lake Audubon, Reston, VA

Clinic and Practice Swim: Saturday, May 25, 2013

1 & 2-Mile Swims: Sunday, May 26, 2013

Host: Reston Masters Swim Team

Host Hotel: Courtyard Marriott

Benefit: Lymphoma & Other Charities

Web Site: www.restonmasters.com

Info: jekcarlson@yahoo.com, (260) 227-5766

On-line Entry: ClubAssistant.com

Entry Limit 1 & 2-Mile: 400 swimmers per race

Timing & Scoring by: Lin-Mark Computer Sports

Registration: To swim, you must be a registered USMS swimmer or purchase a one-event registration for \$20.

T-shirts: One free t-shirt for each entrant.

Entries Close: Friday, May 17 (postmarked)

Mail Form With Fees to:

John Carlson

12547 Pinecrest Rd; Herndon VA 20171

**Make Checks Payable to Reston Masters
NO LATE OR DAY-OF ENTRIES**

Visit www.restonmasters.com for Full Meet Info

Online Entries: https://www.clubassistant.com/club/meet_information.cfm?c=1107&smid=4208

Jim McDonnell Lake Swims are an Online Entry Only Event

(Paper Entries by Request Only)

Sign Both Waivers on the Back of this Form

2012 JIM MCDONNELL 1-MILE, 2-MILE & 5K LAKE SWIMS & OPEN WATER CLINIC

Lake Audubon, Reston, VA — May 26-27, 2012

Please Sign & Date Both Waivers

USMS RELEASE: I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, RESTON ASSOCIATION, LIN-MARK COMPUTER SPORTS, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS. Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming and agree to assume those risks.

Signature _____ Date _____

RESTON ASSOCIATION RELEASE: I hereby assume all risk and agree to accept full responsibility and liability for any damages or bodily injuries I or any of my dependents may cause, sustain, or suffer arising out of participation in the above-referenced Activity, including any such damages or bodily injuries occurring during, resulting from, or related to any travel to or from the Activity.

I hereby agree to be fully liable for and I hereby agree to waive and release on behalf of myself and my heirs, successors and assigns, the Reston Association, its Board of Directors, officers, employees, agents, volunteers, and members from any and all injuries, bodily injuries, costs, damages, causes of action, claims and any consequential and incidental damages arising out of or resulting from any injury, death, or damage to property which I or my dependent may sustain, suffer, or cause as a result of my participation in the above-referenced Activity, including any such injuries, costs, damages, causes of action, claims and any consequential and incidental damages occurring during, resulting from, or related to any travel to or from the Activity.

I further agree to indemnify, reimburse, and forever hold harmless the Reston Association, its Board of Directors, officers, employees, agents, volunteers, and members from any and all injuries, bodily injury, costs, damages, causes of action, claims and any consequential and incidental damages, including attorneys fees, arising out of or resulting from any injury, death, or damage to property which I or my dependent may sustain, suffer or cause as a result of participation in this Activity, including any such injuries, costs, damages, causes of action, claims and any consequential and incidental damages occurring during, resulting from, or related to any travel to or from the Activity.

I am aware of the risks associated with participation in this Activity and hereby accept and assume on behalf of myself or dependent full responsibility for any and all such risks, including, without limitation, the need to check with a physician before engaging in this Activity, including any physical activity associated with this Activity. I understand that participation in this Activity may involve activities where injury can occur and shall be undertaken at my sole risk and expense. I hereby certify that I am physically fit and have not been otherwise informed by a physician. I understand that Reston Association does not employ physicians and that its staff cannot and do not diagnose medical problems.

I further represent that I or my dependent currently have and carry health insurance and agree that any claim for medical treatment or other purposes shall be made against such health insurance and that my own or dependent's own personal health insurance shall be primary insurance and the primary source of health insurance coverage in the event that I or my dependent sustain or suffer any bodily injury or medical crisis while participating in this Activity.

I acknowledge that I have read and voluntarily agree to the terms of this Indemnification and Waiver. If any portion of this Indemnification and Waiver shall be held invalid for any reason under the laws of the United States, Virginia, or Fairfax County, those parts that are not held invalid shall continue in full force and effect.

In addition, I promise to abide by the rules and regulations adherent to this Activity or event and to exercise care and caution for my personal safety and that of my fellow participants. I understand that Reston's lakes are not managed for water quality and that I will enter the lake at my sole risk. I understand further that Reston's pathways may have irregularities and I have familiarized myself with these conditions.

Signature _____ Date _____