

Key West Masters Invitational
June 19, 2016
Florida Keys Community College Pool, 5901 College Road, Key West
Bone Island Masters Club

- Sanctioned by:** Held under the sanction of USMS Swimming and Florida Gold Coast Master Swimming, Inc.: Sanction No.
- Rules:** 2016 USMS Swimming will govern this meet. Safety rules as outlined by USMS Swimming and as recommended by the referee, will be in effect. Session I is timed finals for all swimmers
Changing into or out of swimsuits other than in locker rooms or other designated areas is not appropriate and is prohibited. |
- Camera Free:** No person may use a camera or any other device capable of recording still or video images in the area behind the starting blocks, in the locker rooms, changing areas, showers or restrooms. Violators may be reported to law enforcement or other governmental authorities and/or may be barred from the facility during the sanctioned event.
- Eligibility:** Open to all current 2016 USMS or currently registered FINA Masters recognized governing body swimmers 18 years or older. Age to be determined on the first day of the meet.
- Disability Athletes:** All swimmers are welcome at this meet. Any athlete with a disability will be accommodated. Please contact the pool office ahead of time to allow for preparations - 305-809-3562—lori.bosco@fkcc.edu |
- Pool/Timing:** 25 yards x 20 yards heated outdoor pool, 8 **short-course** racing lanes with time available between events for warm-up/cool down. Colorado Timing System® will be used. |
- Date & Time:** **Session Date: June 19, 2016**
Session I - Timed Finals - Warm-up at 7:30 am. Meet starts at 9:00 am |
- Location:** **Florida Keys Community College Pool, 5901 College Road, Key West**
- Entry:** All entries must be received by **Tuesday, June 14, 2016**
Only MAILED entries will be accepted.
E-mail to lori.bosco@fkcc.edu or Fax 305-809-3186 |
- Entry Fees:** \$ 3.25 per individual event and \$2.00 per swimmers |
***Entry fees are made payable to “Florida Keys Community College”** |
All Entry and registration fees are nonrefundable. |
- Entry Limit:** **Individual events: Five (5) individual events per day** |
- Awards:** Individual Events: Medals places: 1st-3rd Ribbons places: 4th – 16th

In the following age group categories: 18-20, 20-24, 25-29, 30-34, 35-40, |
45-49, 50-54, 55-59, 60-64, 65-69, 70 and O
- Deck Entries:** Permitted with Double Entry Fee if not already in the meet. |
- Head Referee:** **Lori Bosco** |
Information: Call the Pool Office at (305) 809-3562. |

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*****OFFICIAL ENTRY FORM*****

Name: _____

Birthdate: _____ **Age: as of 6/19/2016:** _____ **Sex M F**

Club: _____ **2016 USMS #** _____

Email: _____

Order of Events

Event #	Entry Time	Event
1a-2a	_____	100 yd Freestyle
5a-6a	_____	50 yd Butterfly
9a-10a	_____	100 yd Butterfly
13a-14a	_____	50 yd Backstroke
17a-18a	_____	100 yd Backstroke
21a-22a	_____	50 yd Breaststroke
25a-26a	_____	100 yd Breaststroke
29a-30a	_____	50 yd Freestyle
33a-34a	_____	50 yd Freestyle
37a-38a	_____	100 yd IM
41a-42a	_____	200 yd IM

Please attach a copy of USMS Card.

****Mail entries to: FKCC Lori Bosco, 5901 College Road, Key West, FL 33040**



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