11th Annual June Krauser Summer Splash

**Sanctioned by Florida Gold Coast Masters Swimming Committee for USMS, Inc. Sanction #: 506-S###**

**DATE: Saturday, June 25, 2016 Warm-up: 9:00am Meet: 10:00am**

**Sunday, June 26, 2016 Warm-up: 9:00am Meet: 10:00am**

**POOL: Fort Lauderdale Aquatic Complex** Meet Directors: Marty Hendrick/Megan Lassen

**501 Seabreeze Blvd.** Phone: 954-828-6151

**Fort Lauderdale, FL 33316** www.SwimFortLauderdale.com

**COURSE:** Eight (8) lane, 50 meter course with Colorado timing. Additional lanes available for warm-up throughout competition. \* Ten (10) Lane course may be used depending on timeline.

**ELIGIBILITY:** Meet is open to all currently registered USMS or currently registered FINA Masters recognized governing body, swimmers 18 years or older. Age to be determined as of December 31, 2016.

**RULES:** 2016 USMS rules will govern this meet. Meet management reserves the right to adjust logistics in order to run an efficient meet.

**BREAKS:** There will be a 5-minute break prior to each relay event and a 5-minute break following each relay event.

**ENTRIES:** Competitors may enter up to a maximum of five (5) individual events per day. 800/1500 meters events

will be swum combined men and women, and will be deck seeded with a positive check in.

Check-In Deadline: Saturday: 800 Free-11:30am, Sunday: 1500 Free-9:30am

**SEEDING:** Events will be seeded “Slowest to Fastest.” Note: 1500 Limited to 24 swimmers

**DECK ENTRIES:** Deck entries will be accepted on the day of the meet up to 1 hour prior to the start of the session for an added charge. Entries are only permitted in to open lanes-no new heats will be added. **“Double Entry Fee” if not already entered in the meet. “$5 per event” if already entered in the meet.**

**ENTRY FEES: On-Line Entries are Preferred!** All Entry and registration fees are nonrefundable. All “Paper Entries” must be received by the Meet Director by June 20, 2016. Mail Entry Form and payment, along with **A COPY OF YOUR 2016 USMS REGISTRATION CARD** to:

**June Krauser Summer Splash** Checks Made Payable To:

**Fort Lauderdale Aquatic Complex SFTL Masters Booster Club**

**501 Seabreeze Blvd.**

**Fort Lauderdale, FL 33316** \*Entry fees are nonrefundable

**AWARDS:** ParticipationRibbons will be available as well as Tri-Fold cards will be provided for the placement of

Award Labels as a race record for all. Male/Female Age Group High Point Awards, “1st Timer” USMS Swimmer Male/Female High Point Award.

**RELAYS:** Relay entries will be accepted on the deck up to 60 minutes prior to the start of the relays. There is a *$5 charge**for each relay entered.*

**RESULTS:** Results will be available at the following: via Swim Fort Lauderdale - www.SwimFortLauderdale.com.

**EVENT HOST:** This event is co-sponsored by **Swim Fort Lauderdale** & the City of Fort Lauderdale.

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\*\* **OFFICIAL PAPER ENTRY FORM** \*\*

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTACH**

**EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COPY OF 2016 USMS CARD**

**CLUB:\_\_\_\_\_\_\_ CLUB NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HERE**

**Saturday, June 25 Sunday, June 26**

**F/M/Mixed Event Entry Time F/M/Mixed Event Entry Time**

1/2 400 Free \_\_\_\_\_\_\_\_\_\_\_ -/-/22 1500 MIXED FREE \_\_\_\_\_\_\_\_\_\_\_

3/4 200 Back \_\_\_\_\_\_\_\_\_\_\_ 23/24 200 IM \_\_\_\_\_\_\_\_\_\_\_

5/6 50 Breast \_\_\_\_\_\_\_\_\_\_\_ 25/26 50 Free \_\_\_\_\_\_\_\_\_\_\_

7/8 400 Med Relay \* \* \* \* \* \* \* \* \* 27/28 100 Back \_\_\_\_\_\_\_\_\_\_\_

9/10 100 Free \_\_\_\_\_\_\_\_\_\_\_ 29/30 400 FR Relay \* \* \* \* \* \* \* \* \*

11/12 50 Back \_\_\_\_\_\_\_\_\_\_\_ 31/32 200 Fly \_\_\_\_\_\_\_\_\_\_\_

13/14 200 Breast \_\_\_\_\_\_\_\_\_\_\_ 33/34 100 Breast \_\_\_\_\_\_\_\_\_\_\_

15/16 100 Fly \_\_\_\_\_\_\_\_\_\_\_ 35/36 200 Free \_\_\_\_\_\_\_\_\_\_\_

-/-/17 400 Mixed FR Rel \* \* \* \* \* \* \* \* \* 37/38 50 Fly \_\_\_\_\_\_\_\_\_\_\_

19/20 400 IM \_\_\_\_\_\_\_\_\_\_\_ -/-/39 400 Mixed Med Rel \* \* \* \* \* \* \* \* \*

-/-/21 800 MIXED FREE \_\_\_\_\_\_\_\_\_\_\_

\* \* \* \* \* \* \* \* Relays to be entered at Meet Mixed Relay (2 Women/2 Men)

**Meet Fee…….……..$25: $ 25.00**

**Number of Individual Events \_\_\_\_ X $4 = $\_\_\_\_\_\_**

**Total: $\_\_\_\_\_\_**

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.

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| --- | --- | --- | --- | --- | --- |
| 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***