

North Coast Masters Swimming at the GT Bay YMCA & Michigan Masters Swimming present the

Janet E. Weiler Memorial Swim Meet

Sanctioned by Michigan LMSC for USMS –sanction # 196-S013

Date **Sunday October 23, 2016** **Meet referee/starter Jeff Brunner**

Location: GT BAY YMCA, 3700 Silver Lake Rd., Traverse City, MI 49684, **231-486-6357**

Facility: The 8-lane 25 yard pool(SCY) has state-of-the art Paragon starting blocks, a Colorado timing system with a full matrix scoreboard (6 lanes will be used for competition and 2 for cool down). "The length of the competition course without a bulkhead is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2.1" There is built in deck seating for over 200 spectators. You may bring camp chairs for athlete seating. There are lockers for use, but please bring your own lock.

Directions <http://www.gtbayymca.org> google map provided

Meet Director: **Kathy Coffin-Sheard**
Cell phone 608-345-5264 email **kathy@gtbayymca.org**

Eligibility: Only swimmers who have a current USMS membership will be allowed to compete. A photocopy of your 2016 membership should accompany your entry. If you're not currently a member, you can join online at <http://registration.usms.org>

Entries & fees: No day of entries accepted. Entry fee is \$25.00, for maximum of **5 events**, Mailed or faxed entries need to be received by *Friday October 21, 2016*. Checks made payable to the **Grand Traverse Bay YMCA**.
Using the entry form, mail entries, a photocopy of membership and fees to:
Kathy Coffin-Sheard-Masters Coach
GT BAY YMCA
3700 Silver Lake Rd.,
Traverse City, MI 49684

Fax to: 231-486-6360, attn.: Kathy Coffin-Sheard, entry fees will be due at check in

Scan and email to: kathy@gtbayymca.org, entry fees will be due at check in

Times/Schedule: Warm-up 8:30-9:15 Events begin at 9:30. There are three short scheduled intermissions.

Limit on entries: Enter your choice up to 5 events
Each swimmer will receive an **M22** beverage glass with their entry, which can be picked up in person at the end of the meet. A healthy lite lunch provided by your *North Coast Masters Swimmers*.

LODGING INFORMATION: (just a few ideas and you can Google for more)

- **The Cambria** is in downtown Traverse City approx. 4 miles from the YMCA, 5 min. walking distance to the GT BAY. No complimentary breakfast, but great options for walkable dining/coffee shops. **\$\$**
- Cambria Hotel & Suites **231-778-9000**
- **The Courtyard Marriott** is approximately 1 mile from the YMCA and is near the GT mall area. Offers Complimentary breakfast, reasonably priced and you can use your USMS/Marriott's rewards card for discount. **\$**
Courtyard by Marriott 231-929-1800

North Coast Masters Swimming at the GT Bay YMCA & Michigan Masters Swimming present the

Janet E. Weiler Memorial Swim Meet

Name _____ email _____
 Address _____ City _____ zip _____
 Date of Birth _____ Phone () _____
 Sex: _____ age _____ USMS# _____
 Emergency contact # _____

EVENT #	EVENT	SEED TIME
1	400 IM	
2	200 Free	
3	50 butterfly	
4	100 breaststroke	
5	200 back	
6	100 IM	
	<i>break</i>	
7	50 free	
8	100 butterfly	
9	200 Breaststroke	
10	50 backstroke	
	<i>break</i>	
11	100 freestyle	
12	200 Butterfly	
13	50 Breaststroke	
14	100 backstroke	
15	200 IM	
	<i>break</i>	
16	500 freestyle	



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	