

**2016 Inland Northwest and Northwest
Zones SCM Championship Meet
Entry Form
Saturday/Sunday, November 12th & 13th, 2016**

DATE/TIMES: Saturday, November 12th, 2016: Warm-up at 10:00am, Meet starts at 11:00am. Sunday, November 13th, 2016: Warm-up at 9:00am, Meet starts at 10:00am.

LOCATION: The Salvation Army Ray and Joan Kroc Center, 1765 W. Golf Course Road, Coeur d'Alene, Idaho 83815

Facility: 25-meter championship pool, 9ft wide lanes and water depth range of 9'-10.5'. Continuous warm-up in 3, 25 meter, adjacent lanes. The length is on file with USMS and compliant with articles 105.1.7 and 107.2.1.

ELIGIBILITY: All swimmers must be currently registered with US Masters Swimming or foreign equivalent. To register/renew with USMS visit www.usms.org/reg or www.InlandNWMasters.org for the form. Age groups based on swimmer's age as of 12/31/2016, 18-24, 25-29.... 5yr increments.

RULES: All current USMS rules will apply. Please consult www.usms.org/rules about proper stroke and turn rules. Events will be seeded slow to fast except the 1500 Free which will be fast to slow. All events will be pre-seeded except events marked "positive check-in required." All events are timed finals.

CONDUCT OF THE MEET: Participants are limited to five (5) individual events per day and one relay of each relay event. Seed times must be entered for all events, "NT" times will not be accepted. Meet Director reserves the right to cap the 800 and 1500 Free during the entry period to ensure timely conclusion of meet sessions. All entries will be accepted on the day those events are closed. Entries received after the closure will be refunded or entrants will be allowed to enter other events.

CHECK-IN: Positive check-in required for 800 Free-10:30am Saturday, 400 IM- 11:00 am Saturday, 400 Free- 9:30am Sunday, 1500 Free before event 44 Sunday.

RELAYS: Submit relay cards to the clerk of course by 12:00 noon or the completion of Event 1 on Saturday, whichever is sooner and 10:30am or the completion of event 25 on Sunday. Individuals must be signed up with the club/workout group they represent with USMS. Mixed relays require 2 men and 2 women. Age groups 72-99, 100-119, 120-159.....40 year increments upward. The aggregate age of the four relay members determines the age group.

SCORING: 9-7-6-5-4-3-2-1 for individual events, 18-14-12-10-8-6-4-2 for relays

AWARDS: First-sixth place ribbons for individual events, medals may be purchased at the event, Plaques will be awarded for team awards.

SPONSOR: Kroc Masters Swim Club (KM). Sanctioned by Inland Northwest Masters Swimming Committee (IWMSC) for United States Masters Swimming Inc. (USMS). Sanction number 356-S007

DIRECTIONS TO THE SALVATION ARMY RAY AND JOAN KROC CENTER COMPETITION POOL: From I-90 take the Northwest Blvd exit (exit 11). From exit ramp, turn North onto N. Ramsey Rd. and continue for .4 miles. Turn left onto W. Golf Course Rd.

QUESTIONS: Contact Glenn Mabile 208-699-6201.

CONCESSIONS: Nourishment will not be provided to athletes during the meet. Concessions available in the lobby. Please no food on pool deck.

SATURDAY DINNER/SUNDAY BREAKFAST:
BREAKFAST WILL BE SERVED FROM 7:00 AM TO 8:30 AM ON SUNDAY AT THE MEET LOCATION, A NO HOST PIZZA DINNER WILL BE HELD SATURDAY WITH DETAILS TO BE PROVIDED UPON ENTRY IN THE MEET.

Entry/Fees:

- \$35 plus \$3 per individual event completed by midnight (PST) on November 8, 2016 (online entries are preferred). Online entries are charged to your credit card by "ClubAssistant.com." Online meet registration is available at https://www.clubassistant.com/club/meet_information.cfm?c=1858&smid=8231
- Paper entries must be postmarked by November 4, 2016. Deck entries will not be allowed. Cash included with paper entries will NOT be accepted, checks only.

Checks Payable to: The Salvation Army

Postmarked by: November 4, 2016

Mail Entries to: Glenn Mabile

2560 Elmwood Dr., Coeur d'Alene, ID, 83815

**2016 Inland Northwest and Northwest
Zones SCM Championship Meet
Entry Form
Saturday/Sunday, November 12th & 13th, 2016**

Name _____ Male Female Birthdate _____ Age _____
 Address _____ City _____, State _____, Zip _____
 Phone _____ USMS # _____ LMSC _____ Club _____ Workout grp _____
 Email _____

***Short Course Meters Times*
Maximum of 5 Individual Entries per day**

Saturday November 12th
 Warm-ups begin at 10:00am
 Meet starts at 11:00 am

Sunday November 13th
 Warm-ups begin at 9:00am
 Meet starts at 10:00am

Event	Time
1- 800 M Free Mixed*	_____
Relay Cards Due	
2/3-400 M IM W/M*	_____
4/5- 50 M Free W/M	_____
6/7- 200 M Fly W/M	_____
8/9- 100 M Back W/M	_____
10/11- 100 M IM W/M	_____
10 Minute Break	
12/13- 200M Free Relay W/M	
14- 800 M Free Relay Mixed	
15- 400 M Medley Relay Mixed	
16/17- 100 M Free W/M	_____
18/19- 50 M Back W/M	_____
20/21- 200 M Breast W/M	_____
10 Minute Break	
22- 200 M Free Relay Mixed	
23/24- 400 M Medley Relay W/M	

Event	Time
25- 400 M Free Mixed*	_____
Relay Cards Due	
26/27- 200 M Back W/M	_____
28/29- 50 M Breast W/M	_____
30/31- 100 M Fly W/M	_____
32/33- 200 M IM W/M	_____
10 Minute Break	
34/35- 800 M Free Relay W/M	
36- 400 M Free Relay Mixed	
37/38- 200 M Medley Relay W/M	
39/40- 200 M Free W/M	_____
41/42- 100 M Breast W/M	_____
43/44- 50 M Fly W/M	_____
10 Minute Break	
45/46- 400M Free Relay W/M	
47- 200 M Medley Relay Mixed	
48-1500 M Free Mixed*	_____

*Positive check-in required events, see deadlines under "Check-in."

Your Signature _____ **Date** _____

PLEASE MAKE SURE TO READ AND SIGN THIS PAGE AND THE FOLLOWING PAGE, WE CANNOT PROCESS YOUR ENTRY WITHOUT YOUR SIGNATURE ON BOTH.



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");

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.

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. 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.

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.

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.

Revised 07/01/2014

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