 **2017 PIETER CATH MEMORIAL INTER-SQUAD MEET**

**SHORT COURSE YARDS**

**LAKEWOOD HIGH SCHOOL NATATORIUM**

**LAKEWOOD, OHIO**

**DATE** Sunday, Jan 29, 2016. Warm-ups start at 8:00 a.m. Event #1 (500 yard freestyle) will start at 9:00 a.m. Event #2 will start at 9:45 a.m. or later. Deck entries should be in no later than 9:00 a.m.

**LOCATION** The Natatorium is attached to Lakewood High School on Robinwood Ave. From I-90 (east or west) exit at Bunts Road. Proceed north on Bunts to Madison Ave. Turn left at Madison and proceed west to Robinwood (first street). Turn right on Robinwood Ave. and proceed to the end where the pool lobby entrance is imme-diately in front where swimmers can be dropped off. Parking is very limited due to school construction. Parking may be available on Franklin Blvd. in front of the school or behind the classroom trailers on the north side of Franklin Blvd. Be sure to enter the building near the flagpole.

**POOL** The pool is an 8 lane, 25 yard pool with anti-turbulent lane lines and Colorado system automatic timing. An adjacent separate diving well will be available for warm-up during the meet. 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.

**MOTEL** A Days Inn Motel is near the pool. It is located at 12019 Lake Ave., Lakewood, Ohio, 216-226-4800.

**ELIGIBILITY** 2017 U.S. Masters Swimming rules will govern conduct of the meet. Because of insurance regulations, all swimmers must be registered U.S. Masters Swimmers. If not registered, swimmers can register online with USMS after the entry due date or at the meet, but swimmers must be USMS registered before swimming any events. The USMS Release of Liability must be signed electronically during online meet entry or must be signed on paper for mailed entries. Please send a copy of your USMS card with your mailed entry. Only swimmers entered in the meet can participate in relays.

**AGE GROUPS** Age of competitors on Jan. 29, 2017 will determine age group. Age groups are: 19-24, 25-29, 30-34, 35-39, etc. For relays, age group is determined by the age of the youngest swimmer in the team (i.e. 19+, 25+, 35+, 45+, etc.). All relays can be swum with 4 women, 4 men, or mixed (2 women and 2 men).

**AWARDS** Individual events: First-place medal, second and third place ribbons. Relays: first, second, and third-place ribbons. For those who have too many medals and ribbons, we offer alternative awards – coupons – for first, second and third place in individual events and first place in relays. Results will be posted on [www.ohiomasters.com](http://www.ohiomasters.com) usually within a day or two.

**DEADLINE** Online registration is offered on ClubAssistant.com. Online entries will close at noon, Saturday, January 28, 2017. Paper entries must be received by the Meet Director by Wednesday, January 25, 2017.Deck entries will be accepted until 8:50 a.m. on Sunday, except for event 1 (500 yd. Freestyle). Relays are deck entry only.

**ENTRIES ONLINE ENTRIES** **PAPER ENTRIES**

**FEES** O\*H\*I\*O Masters Members: $25.00 O\*H\*I\*O Masters Members: $30.00

Non-O\*H\*I\*O Masters Member: $35.00 Non-O\*H\*I\*O Masters Member: $40.00

All Deck Entries: $50.00 **Relay Only Swimmers $10.00**

Online entries are paid by credit card to ClubAssistant.com and your credit card will be charged by "ClubAssistant.com Event Billing" for this swim meet. For mailed entries, make checks payable to **O\*H\*I\*O Masters Swim Club** and mail to **Meet Director, P.O. Box 43824, Cleveland, Ohio 44143.** Online entries are cost effective and strongly recommended. **Swimmers who intend to swim only relay events must officially enter the meet using the paper entry form and pay the $10.00 Relay Only Fee.**

**SOCIAL** Details will be available at the meet. $5.00 donation appreciated at the door.

**MEET DIRECTORS:**  Kevin McCardle, Tom Gorman

**MAIL IN ENTRY FORM**

**2016 PIETER CATH MEMORIAL INTER-SQUAD MEET (SCY)**

**LAKEWOOD HIGH SCHOOL NATATORIUM, LAKEWOOD, OHIO**

**January 29, 2017**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX \_\_\_ AGE on Jan. 29, 2017\_\_\_ BIRTHDATE \_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_ ZIP \_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEAM \_\_\_\_\_\_\_\_\_ or UNattached \_\_\_ USMS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(send copy of card)

Event 1 starts 9:00 a.m. Event 2 starts 9:45 or later.

1. 500 YD. FREESTYLE \_\_\_\_\_\_\_\_\_\_ 12. 50 YD. BREASTSTROKE \_\_\_\_\_\_\_\_\_\_

(No deck entries for this event) 13. 400 YD. FREE RELAY XXXXXXXXXX

2. 200 YD. BUTTERFLY \_\_\_\_\_\_\_\_\_\_ 14. 400 YD. I.M. RELAY XXXXXXXXXX

3. 200 YD. MEDLEY RELAY XXXXXXXXXX

4. 200 YD. BACKSTROKE RELAY XXXXXXXXXX 15. 50 YD. BUTTERFLY \_\_\_\_\_\_\_\_\_\_

5. 50 YD. FREESTYLE \_\_\_\_\_\_\_\_\_\_ 16. 100 YD. BREASTSTROKE \_\_\_\_\_\_\_\_\_\_

1. 200 YD. BREASTSTROKE \_\_\_\_\_\_\_\_\_\_ 17. 200 YD. FREESTYLE \_\_\_\_\_\_\_\_\_\_

7. 50 YD. BACKSTROKE \_\_\_\_\_\_\_\_\_\_ 18. 100 YD. INDIV MEDLEY \_\_\_\_\_\_\_\_\_\_

8. 100 YD. BUTTERFLY \_\_\_\_\_\_\_\_\_\_ 19. 100 YD. BACKSTROKE \_\_\_\_\_\_\_\_\_\_

9. 200 YD. INDIV MEDLEY \_\_\_\_\_\_\_\_\_\_ 20. 200 YD. FREE RELAY XXXXXXXXXX

21. 200 YD. BREAST RELAY XXXXXXXXXX

10. 100 YD. FREESTYLE \_\_\_\_\_\_\_\_\_\_ 22. 200 YD. FLY RELAY XXXXXXXXXX

11. 200 YD. BACKSTROKE \_\_\_\_\_\_\_\_\_\_

**Entry Fees:** Paper Entry - O\*H\*I\*O Masters Member $30.00 = \_\_\_\_\_\_\_\_\_

Paper Entry - Non - O\*H\*I\*O Masters Member $40.00= \_\_\_\_\_\_\_\_\_

All Deck Entries $50.00 = \_\_\_\_\_\_\_\_\_

Relay Only Swimmers $10.00 = \_\_\_\_\_\_\_\_\_\_

**Deadline**: Deadline for Online Entries is noon., Saturday, January 28, 2017. Paper entries must be received by Wednesday, January 25, 2017.For paper entries make checks payable to: **O\*H\*I\*O MASTERS SWIM CLUB.** Mail to: Meet Director, P.O. Box 43824, Cleveland, Ohio 44143

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 | |