**Sunday 12 February 2017 Valentine’s Day SCY Masters Meet**

**Hosted by Post Masters Swimming at LIU Post Pratt Recreation Center Pool**

**Sanctioned by the Metropolitan LMSC for USMS, Inc. Sanction #**

**FACILITY** Eight (8) lane 25 yard pool. Swimmers will compete in six (6) lanes; one lane will remain open throughout the meet for continuous warm-up and cool down. Electronic timing system and scoreboard display. **NO DIVING** permitted during warm-up except in designated one-way sprint lane(s).

**ELIGIBILITY** Open to all USMS-registered swimmers age 18 and older. **A legible copy of your current 2017 USMS registration card MUST be included with fully executed meet entry form.**

**SCHEDULE** Warm-Up: 8:00-8:55AM • Meet Start: 9:00AM

**ENTRY TIMES** Enter **YARD** times for all events. Swimmers are permitted to enter a maximum of five (5) individual events plus one (1) relay event.

**EVENT SEEDING** Events will be contested in heats, slowest to fastest. All events will be pre-seeded except for the 500 Free (see positive check-in details below). Individual event heat sheets will be distributed just prior to meet start time.

**500 FREESTYLE** Event #17 Mixed 500 yard Freestyle requires **POSITIVE CHECK-IN BY 10:00AM**. If you do not check in, YOU WILL BE SCRATCHED from the event. The 500 Free will be seeded after check-in ends.

**SPLIT TIMES** Any swimmer who intends to post a USMS Top Ten or USMS National Record split time during an event please NOTE: Individual event split time request must be submitted in writing prior to the conclusion of the meet; initial backstroke distance in individual backstroke events must be submitted in writing PRIOR to the swim. Submit written request(s) to the computer operator at the meet. Split time request forms will be available on event day.

**RELAY** Event #1 Mixed 200 Yard Valentine’s Day Freestyle Relay is to be DECK-ENTERED at the meet NO LATER THAN 8:30AM. **Relay results will not be reported to USMS for top ten or records consideration.** See page three for complete relay details.

**AWARDS** Commemorative gifts for all participants.

**ENTRY FEES** $30.00 Entry fees are NON-REFUNDABLE.

**ENTRY DEADLINE** On-line entry deadline, via Club Assistant, is midnight Eastern Time on Wed. February 8, 2017. <https://www.clubassistant.com/club/meet_information.cfm?c=1356&smid=6145> Paper/mailed **entries must be RECEIVED (not postmarked) by 6:00PM on Wednesday February 8, 2017.** You are urged to mail your entry at LEAST five (5) business days before deadline and bring a COPY of your entry form with you to the meet. No telephone, fax, electronic or late entries will be accepted. Fill in all contact information to enable us to reach you if entry limit has been exceeded or to resolve a discrepancy. Entry problems that cannot be resolved prior to the entry deadline will be returned.

**CONFIRMATION** If a paper entry,Include an email address (preferred) OR a stamped, self-addressed envelope for entry confirmation.

**MAIL TO** Michael Travers, 64 Brower Avenue Rockville Centre, N.Y. 11570

**QUESTIONS** Direct inquiries to Michael Travers phone 516-299-3371 or e-mail **michael.travers@liu.edu**

**DIRECTIONS** Driving directions can be found online at http://www.liu.edu/CWPost/About/Visit/Location/Directions

 Once on campus, follow signs for the Pratt Recreation Center/Athletics Fields.

**Sunday February 12, 2017 Valentine’s Day SC Yard Masters Meet**

**INDIVIDUAL EVENT ENTRY FORM**

Enter YARD times for all events. You are permitted to enter a maximum of five (5) individual events. Please

print neatly and clearly. Fill in all contact information should we need to reach you to resolve a discrepancy.

Include a legible copy of your 2017 USMS registration card and the $30.00 meet entry fee payment.

Warm-up: 8:00-8:55AM • Meet Start: 9:00AM

 **# EVENT ENTRY TIME**

 1 Special Valentine’s Day Relay *~use page 3 relay entry form~*

 2 Mixed 200 yard Freestyle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3 Mixed 50 yard Butterfly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4 Mixed 200 yard Breaststroke \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5 Mixed 100 yard Backstroke \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 6 Mixed 100 yard Individual Medley \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 7 Mixed 200 yard Butterfly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 8 Mixed 50 yard Freestyle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 9 Mixed 400 yard Individual Medley \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 10 Mixed 200 yard Backstroke \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 11 Mixed 50 yard Breaststroke \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12 Mixed 100 yard Freestyle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 13 Mixed 200 yard Individual Medley \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 14 Mixed 100 yard Butterfly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 15 Mixed 50 yard Backstroke \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 16 Mixed 100 yard Breaststroke \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 17 Mixed 500 yard Freestyle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paper entry must be **RECEIVED** by **6:00PM on Wednesday February 8, 2017.** Enclose a legible copy of your 2017 USMS registration card. Check or money order payable to **Long Island University**. MAIL to Michael Travers, 64 Brower Avenue Rockville Centre, N.Y. 11570.

**LIABILITY RELEASE: “**I, undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEARBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUB HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.”

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER (circle one) M F

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ AGE \_\_\_\_\_\_ *(on 02/14/16)* CLUB ABBREVIATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAY TEL (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVE TEL (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Please print clearly***RELAY ENTRY FORM**

**Sunday February 12, 2017 Valentine’s Day SC Yard Masters Meet**

Enter YARD times. AGE determination date for relay purposes is February 12, 2017

Swimmer ORDER may NOT change once entry is submitted. Deck-enter relay(s) by 8:30AM.

All relay swimmers MUST be INDIVIDUALLY entered in meet to be eligible for relay participation.

Relay must contain 2 men + 2 women. Aggregate age of relay members must total 160 years or more.

**Event #1 - Mixed 200 Yard Valentine’s Day 160+ Freestyle Relay**

Entry Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Swimmer First & Last Name Gender Age

 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

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 Swimmer First & Last Name Gender Age

 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 **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 |