2017

24th Annual Fort Lauderdale Masters Challenge

Sanctioned by Florida Gold Coast Masters Swimming Committee for USMS, Inc.

DATE: February 17, 2017 Warm-up: 5:00pm Meet: 6:00pm

February 18, 2017 Warm-up: 10:00am Meet: 11:00am

February 19, 2017 Warm-up: 8:00am 1650: 9:00am Meet: 11:00am**

(** Minimum 30 minute warm up period following 1650 conclusion)

POOL: Fort Lauderdale Aquatic Complex Phone: 954-828-6151

501 Seabreeze Boulevard MHendrick@swimfortlauderdale.com Fort Lauderdale, FL 33316 <u>www.SwimFortLauderdale.com</u>

COURSE: Eight (8) lane, 25-yard course with Colorado timing*. Additional Eight (8) lanes will be available

for warm-up throughout competition.

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 February 19, 2017.

RULES: 2017 USMS rules will govern this meet. Meet management reserves the right to adjust

logistics in order to run an efficient meet.

BREAKS: 5 minute breaks will take place before each relay event and 5 minute break after the "Mixed" relays.

Breaks may be added by Event Referee as necessary.

ENTRY FEES: \$25 Meet Fee plus \$4 per event. Competitors may enter up to a maximum of five (5) individual

events per day. Online Entry Preferred. Entries will be seeded Slowest to Fastest.

ENTRY INFO: All Entry and registration fees are nonrefundable. All "Entries" must be received by

February 14, 2017. Paper Entry form and payment, along with A COPY OF YOUR

2017 USMS REGISTRATION CARD should be mailed to:

MASTERS CHALLENGE Swim Fort Lauderdale 501 Seabreeze Boulevard Ft. Lauderdale, FL 33316 Checks Made Payable To:
SFTL Masters Booster Club

*Entry fees are nonrefundable

DISTANCE EVENTS: Events 400 & 500-yards may be swum combined men and women. 1000 & 1650 will be

swum combined men & women. "Positive Check-in" for all athletes swimming the 400IM,

500, 1000 & 1650. You will need to provide an individual to serve as a lap counter.

Note: 1650 will be limited to 24 swimmers (3 heats)

POSITIVE CHECKIN: Deadlines: 1000 - 5:30pm on Feb 17. 400IM -10:30am on Feb 18. 500 - 12:00p on Feb 18.

1650 - 8:30am on Feb 19.

DECK ENTRIES: Permitted if lane available: Entry Fee \$30 (if not already in meet) + \$5 per event.

AWARDS: Team High Point (1st - 3rd), "Out of LMSC Team High Point", and Age Group Women's/Men's

High Point. Participation Ribbons will be available as well as Tri-Fold cards.

RELAYS: Relay entries will be accepted on the deck up to 60 minutes prior to the start of the relays.

There is a \$5.00 CHARGE for each relay entered; Payment is due with relay entry.

RESULTS: Results will be available at the following: www.fortlauderdale.gov/flac under the "results of

current meets" link. Results will also be available on "SwimPhone".

On Line Entry: https://www.clubassistant.com/club/meet_information.cfm?c=156&smid=8284

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** OFFICIAL ENTRY FORM - Paper Version **

NAME:__

| BIRTHDATE: | | AGE as of 2/19/2017: | | SEX: W M | | ATTACH | |
|---|--|----------------------|------------------|-------------|-------|----------------------|-------------|
| CLUB: | | _2017 USMS #: | | | | COPY OF USMS CARD | |
| EMAIL: | | | | | | HERE | |
| | | | | | | | |
| Friday, F | * * * * * * Relays Enter at Meet 15/16 17/18 19/20 | | Saturday, Feb 18 | | | Sunday, February 19 | |
| W/M Event | Entry Time | e W/M | Event | Entry Time | W/M | Event | Entry Time |
| 1 1000 Free | e | 7/8 | 400 IM | | 27 | 1650 Free** | |
| 3/4 4X200 FF | R Rel <u> W/M -</u> | <u></u> 9/10 | 200 Back | | 29/30 | 200 IM | |
| 5 4X200 FF | R Rel <u> MIXED</u> | <u></u> 11/12 | 50 Breast | | 31/32 | 50 Free | |
| | | 13/14 | 4X50 Med Rel | <u> W/M</u> | 33/34 | 100 Back | |
| ****** | Relays Enter at N | Meet 15/16 | 100 Free | | 35/36 | 4X50 Free Rel | <u> W/M</u> |
| | | 17/18 | 50 Back | | 37/38 | 200 Fly | |
| | | 19/20 | 200 Breast | | 39/40 | 100 Breast | |
| | | 21/22 | 100 Fly | | 41/42 | 200 Free | |
| | | 23 | 4X50 Free Rel | MIXED | 43/44 | 100 IM | |
| | | 25/26 | 500 Free | | 45/46 | 50 Fly | |
| | | | | | 47 | 4X50 Med Rel | MIXED |
| Fees (Select One): Meet Fee\$25: Number of Individual Events X \$4 = Total: | | | | | | \$ 25.00 \$ \$ | |

(RELAYS: \$5.00/relay - due@ session)

^{**} The 1650 will be limited to the first 24 entries that are received (on line and hard copy). If your entry is received after the limit has been reach, you will be automatically put on the "1650 Waiting List" and will be notified via email.



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 | | | Da | ate Signed | | | | | |