

Minnesota Masters SCY State Meet University of Saint Thomas

2115 Summit Avenue, Saint Paul, MN 55105 Saturday and Sunday, April 8-9, 2017



Schedule: Regist

Registration – 9:00 a.m. -9:30 a.m Warm-ups – 9:00 a.m. -9:50 a.m.

Meet - 10:00 a.m. -2:00 a.m. (approx.)

Meet Sanction:

306-S004

Meet Director:

Minnesota Masters (meets@minnesotamasters.com)

Entry Information: Must be a USMS registered member.

	Entry Type	Early Bird	Pre-Register	Deck Entry	
	Deadline	March 18, 11:59 p.m.	April 5, 11:59 p.m.	April 8 and 9, 9:30 a.m.	
1-day		\$20	\$25	\$30	
2-day		\$40	\$45	\$50	

Registration: Participants may enter a maximum of 6 individual events per day. Entry fees are non-refundable. Online entries are paid by credit card to ClubAssistant.com Events.

Course: 8 lane, 25yd pool, using 8 lanes for competition. The 3 lane, 25 yard diving well can be used for warm-up and cool-down throughout 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.

Meet Conduct: All events will be timed finals. Events will be swum slowest to fastest by gender with the women's heats going first followed by the men's heats. Seeding will take place after pre-registration closes on April 5th. Deck entrants may be placed into separate heats. The 1000 free and 1650 free will be swum as mixed gender events. The 500 free may be swum as a mixed gender event depending on the projected timeline.

Relays: Relay entries will be accepted up until the start of the group of events before each relay. All relays must complete a relay entry card complete with first and last name, and age of each swimmer. Each card must have the club/workout group name (all 4 members must be registered with that club for the relay to be official). The distance and type of relay must be circled. Participants may only compete once in each relay. Women's and Men's events may be combined depending on entries.

Positive Check-in: Positive check-in is required for the 500, 1000 free and 1650 free. You may be scratched if you do not check in at the registration table.

Event T-Shirt: If you register by end-of-day March 26th, you can pre-order a Minnesota Masters 2017 Short Course Yards State Meet T-shirt. Short sleeve shirts are \$12, and long sleeve shirts are \$18.

Results: Will be posted at the meet and online at www.minnesotamasters.com within one week.

			only available via pr ail must be received	e-order. They will n by March 26 th .	ot be avai	ilable fo	r purchase at the ev	ent. Order forms		
Paper I	Entry (2 pag	es)							
	I plar	n to at	tend the following d	av(s):	I would like an event T-shirt					
			Saturday	/ (- / -	Short sleeve (\$12) XS L					
	1 day - Sunday				Long sleeve (\$18)					
		-	· Both Saturday and	Sunday	` '	_	r shirt size M			
	_	•	,	,		·	_			
	Saturday				Sunday					
	Event				Ev	ent	,			
	Nun	nber	Event	Entry Time	Nur	nber	Event	Entry Time		
	W	М		,	W	М		,		
	Grou	p 1	Saturday - 10:00 a	.m. Start	Group	6	Sunday - 10:00 a.m. Start			
	1	2	100y Fly	:	27	28	200y Breast	:		
	3	4	200y Free	:	29	30	500y Free	:		
	5	5	200y F.R. Mixed	:	31	32	400y M.R. W/M			
	Group 2		Will not start before 10:40 a.m.**		Gro	up 7	Will not start before 11:10 a.m.**			
	6	ŝ	400y M.R Mixed	:	33	34	200y I.M.	:		
	7	8	50y Back	:	35	36	50y Fly	:		
	9	10	800y F.R. W/M	:	3	37	800 F.R. Mixed	:		
	Group 3		Will not start before 11:05 a.m.**		Gro	up 8	Will not start before 11:45 a.m.**			
	11	12	100y Breast	:	38	39	200y F.R. W/M	:		
	13	14	400y I.M.	<u> </u>	40	41	100y Free	<u> </u>		

200 M.R. Mixed

400 F.R. Mixed

200y Fly

100y Back

50v Breast

1000y Free

Will not start before 12:15 p.m.**

Will not start before 12:40 p.m.**

42

Group 9

47

Group 10

44

46

49

51

43

45

48

50

Will not start before 11:45 a.m.**

Will not start before 12:10 p.m.**

200y M.R. W/M

400y F.R. W/M

50y Free

200y Back

100y I.M.

1650y Free

Paper Entry (USMS members Only), please mail:

(a) This form (2 pages)
 (b) A check for the correct amount made payable to Minnesota Masters
 To:

 David Bergquist c/o Recruit Masters
 Suite 300, 8200 Humboldt Ave. So.

(c) A copy of your USMS card Bloomington, MN 55431

PLEASE PRINT

13 15

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Group 4

Group 5

18

20

22

24

26

Print Name:				☐ Male ☐ Female	
Birthdate:		Age:	Phone:		
USMS #:		CI	ub:		
Email Address	:				

^{**}Each group will not start before the listed time. There will be a minimum 5 minute break between groups.

^{**}Participants may enter a maximum of 6 individual events per day.

^{****}Signature Required on following Page (please mail both pages with your registration)



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

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)		Date of Birth (mm/dd/yy)	
			M	F		
Street Address, City, State, Zip						
Signature of Participant			Date Signed			