

# 28th Annual Lake Erie Open Water Swim

to benefit **Malachi Center's**  
**Urban Kids' Swim Camp**



Sponsored by O\*H\*I\*O Masters Swim Club,

Saturday, July 15, 2017

Sanctioned by: Lake Erie LMSC for USMS Inc.

Sanction Number: tbd

**EVENTS:** There will be ½-Mile, 1-mile and 2-mile swims on a triangular course in Lake Erie. The start will be in the water. The finish will be on the beach. Swimmers will swim in a clockwise direction around the course. Multiple heats will start 4 minutes apart. The number and makeup of heats will be determined by the Event Director based on the final number of entries. Heat information will be emailed to swimmers prior to Race Day. Wetsuit swimmers will be eligible for awards and for

official placing within the wetsuit division.

**LOCATION & DIRECTIONS:** The event will be held at Edgewater Beach within Cleveland Metroparks, which is located approximately two miles west of downtown Cleveland, Ohio off the Route 2 Memorial Shoreway. At the bottom of the exit ramp, go straight across to the large parking lot and to the pavilion at the far end of the parking lot.

**RULES:** Current 2017 USMS Rules will govern this event.

## **RACEDAY TIMELINE:**

Check-in	6:45 am
Pre-race Instructions	7:45 am
Start of First Heat	8:00 am

**ENTRIES:** Online registration at [www.ohiomasters.com](http://www.ohiomasters.com). Click on the Meet Entries tab. Online entries close at midnight (Tuesday, July 11, 2017). Paper entries must be received by the Event Director by midnight Monday, July 10, 2017.

**\*NO RACE DAY ENTRIES\***

**ELIGIBILITY:** 2017 USMS registration is required of ALL participants. One Event USMS Registration is available for an additional fee.

**FEES:** Event Entry Fee \$55.00  
USMS One Event Registration Fee \$19.00  
**\*FEES ARE NON-REFUNDABLE\***

**CONTACT:** Event Director: Beth Katterle  
Ph: 440/331-4301  
E: [kattcando@hotmail.com](mailto:kattcando@hotmail.com)



## Dates to remember:

race day: July 15, 2017

last day to register:  
July 11, 2017

last day to donate:  
July 15, 2017

**AGE GROUPS:** 18-24, 25-29, 30-34, etc. in five year increments as high as necessary for both men and women.

**AWARDS & SOCIAL:** The Awards Ceremony and Social will follow completion of all events. Once again, we will have completion awards! Awards will be given to the first six places in each age group for both men and women.

**CHECK-IN:** Participants who are not known to our check-in volunteers may be required to show Photo ID.

**SAFETY:** The Event Safety Plan will be emailed to all participants prior to Race Day. In addition, all swimmers must wear the electronic timing chip and swim cap provided at check-in and have their race number put on their arm.

**WATER TEMPERATURE:** Anticipated water temperature will be in the range of 72 to 76 degrees.

**TIME LIMIT:** A 90 minute time limit will be in effect for all swimmers.

**EVENT SPONSOR:** Aquatic Outfitters of Ohio,  
7223 Whipple Ave., NW, North Canton, Ohio 44720.  
PH: (330)498-9179.

**CHARITY FUNDRAISER:** Proceeds from the event support the **St. Malachi Center's** (Tax ID # 34-1506478) **Urban Kids' Swim Camp**. Donation Forms are available on-line and upon request from the Event Director.

**TIMING:** Race will be chip timed. A \$30 fee will charged for chips that are not returned.

**RESULTS:** Meet results may be found at [www.ohiomasters.com](http://www.ohiomasters.com) within a few days after the meet.

Online registration  
available here:

[https://  
www.clubassistant.com/  
club/  
meet\\_information.cfm?  
c=1236&smid=8055](https://www.clubassistant.com/club/meet_information.cfm?c=1236&smid=8055)

Donation sheet,  
registration form, and  
One Event Registration  
Form attached.



# DONATION SHEET

Proceeds from the event support the **Malachi Center's** (Tax ID # 34-1506478) **Urban Kids' Swim Camp**.

Name of Primary Donor: \_\_\_\_\_

Address of Primary Donor: \_\_\_\_\_

\_\_\_\_\_

Phone of Primary Donor: \_\_\_\_\_

Donations are from the following individuals:

Name	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The O\*H\*I\*O Masters Swim Club and the St.  
Malachi Center gratefully acknowledge and  
appreciate the generosity of all donors for  
contributions large and small.

## MEET ENTRY FORM

Please attach a copy of your 2017 USMS Registration Card or proof of membership in another recognized masters swimming organization.

### 28th ANNUAL LAKE ERIE OPEN WATER CLASSIC

Sponsored by O\*H\*I\*O Masters Swim Club

½-Mile, 1-Mile & 2-Mile Open Water Races

Saturday July 15, 2017

Sanctioned by: Lake Erie LMSC for USMS Inc.

Sanction # ???????

NAME: \_\_\_\_\_ USMS #: \_\_\_\_\_

If you are not a registered member of USMS, include One Event Registration Form with your entry.

ADDRESS: \_\_\_\_\_ CLUB NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CLUB ABBR: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE(on 7/16/16): \_\_\_\_\_ GENDER(circle one): M F

PHONE (home): \_\_\_\_\_ email: \_\_\_\_\_

So we can acknowledge receipt of your entry form.

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CIRCLE THE DISTANCE YOU WILL SWIM: ½-Mile 1-MILE 2-MILE

WETSUIT(circle one): NO YES

CIRCLE THE DESIRED T-SHIRT SIZE (included in entry fee): S M L XL XXL

FEES: Event Entry Fee \$55.00

USMS One Event Registration Fee \$19.00

(Attach One Event Registration Form)

Circle the correct total: \$55.00 \$74.00

Make Check Payable to: **O\*H\*I\*O MASTERS SWIM CLUB**

MAIL ENTRY FORM, USMS REGISTRATION CARD OR USMS ONE EVENT REGISTRATION FORM AND CHECK TO:

Beth Katterle

1292 Eriewood Drive

DEADLINE: **July 10, 2016**

Rocky River, OH 44116

USMS RELEASE: "I, the 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 the 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 HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, 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. Finally, I specifically acknowledge that I am aware of all the risks inherent on open water swimming and agree to assume those risks."

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



# 2016

## One Event Registration Form

Register with the same name you will use for competition. **Please print clearly.**

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone	
Date of Birth (mm/dd/yy)	Age	Sex (circle) M      F	E-mail address	
Event Name and Location				
Signature (required)			Today's Date (required)	

### Instructions:

- 1) Fill out both pages of this form. Page 1 is the application; Page 2 is the participant waiver. **Both pages** must be signed and dated by the participant.
- 2) Make check for \$19.00 total fee (\$15.00 USMS plus \$4.00 LMSC) payable to: **O\*H\*I\*O Masters Swim Club**
- 3) Meet Director should retain one copy of the signed forms for his state's applicable personal injury statute of limitations time period
- 4) Meet Director should mail check and completed forms (both Pages 1 and 2) to the LELMSC registrar.





**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

**Revised 07/01/2014**