**"October Old School Meet"**

*Sunday, October 14th, 2018*

***HOST****:* Wilson Masters Aquatic Club

***SPONSORED****:* Berks County Aquatic Hall of Fame

***MEET DIRECTOR:***Denton Quick; [denton.quick@gmail.com](mailto:denton.quick@gmail.com); 610-301-6743

***LOCTION****:* Wilson High School; 2601 Grandview Blvd, Reading, PA 19609

***(Pool location, NOT the location of where entries are to be mailed.***)

***COURSE****:* Newly renovated 8-lane 25 yard pool with 2 warm up/cool down lanes. Automatic timing system and touchpads.

***ELIGIBILITY****:* All swimmers 18 and over at time of meet.

***SEEDING****:* Swimmers will be seeding slowest to fastest, regardless of age and sex. Entries with “No Time” will be seeded in the first heats.

***RULES****:*

* This meet will be held in short course yards and governed by 2018 USMS rules.
* Events are pre-seeded, timed final events.
* The length of the competition course is 25 yards,
* All swimmers many swim unlimited amount of events.
* The 1650 free will be limited to the first 16 swimmers, max of 2 heats.
* The meet will be capped at 150 swimmers.
* Final results will be posted at the meet and online following the meet at DVMasters.org. Results for USMS registered swimmers will be submitted to USMS for Top Ten consideration.

***AGE*** ***GROUPS***: 18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+

***ENTRIES*:**

* Entries must be submitted using this form and must be mailed to the Meet Director.
* You must include your USMS number to have your times count towards Top Ten
* Deck Entries will be accepted – cash only
* Entries must be post marked by October 7th in order to qualify.
* Fees must be paid by cash or check to ***Berks County Aquatic Hall of* *Fame*** and are non-refundable.

***ENTRY*** ***FEES***: Individual: $5.00; Relays: $12.00

***AWARDS****: TBD*

***SPONSORSHIPS****: If interested in sponsorship information, contact Jennifer Quick,* [*quickjennifer7@gmail.com*](mailto:quickjennifer7@gmail.com)*, 610-301-6744*

EVENT SCHEDULE & SELECTION

*Please mark the events you would like to participate under the “select” column*

*in addition to providing your entry time for selected events.*

**Sunday, October 14th, 2018 - Session 1 – 500 Free**

*Warm-ups start at 7:00 AM*

*Meet Session starts at 8:00 AM*

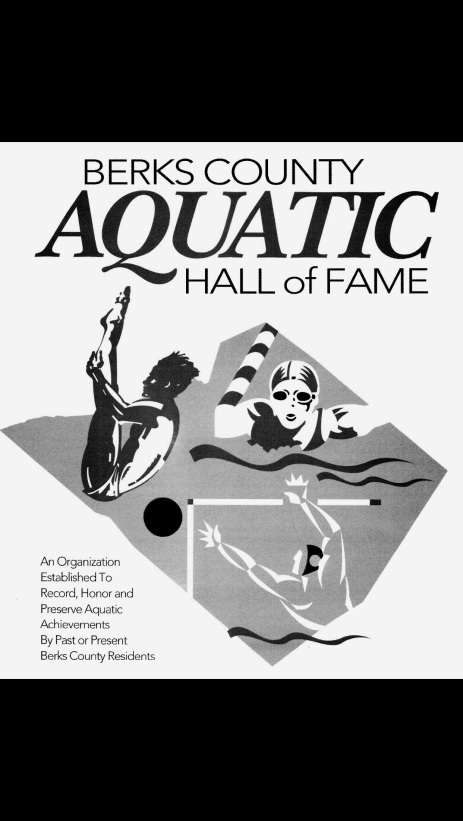
| **#** | **Sex** | **Event** | | **Select** | **Time** |
| --- | --- | --- | --- | --- | --- |
| 1 | Mixed | 1650 | Free |  |  |

**Sunday, October 14th, 2018 - Session 2 - Events 2-18**

*Warm-ups start at 9:00 AM*

*Meet Session starts at 10:00 AM*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 2 Mixed 200 Medley Relay | | |
| 3 Mixed 100 Backstroke | | |
| 4 Mixed 200 Breaststroke | | |
| 5 Mixed 50 Butterfly | | |
| 6 Mixed 200 Freestyle | | |
| 7 Mixed 100 Breaststroke | | |
| 8 Mixed 50 Freestyle | | |
| 9 Mixed 200 Butterfly | | |
| 10 Mixed 100 IM | |  |
| 11 Mixed 50 Backstroke | | |
| 12 Mixed 100 Butterfly | | |
| 13 Mixed 200 Backstroke | | |
| 14 Mixed 50 Breaststroke | | |
| 15 Mixed 500 Freestyle | | |
| 16 Mixed 200 IM | |  |
| 17 Mixed 100 Freestyle | | |
| 18 Mixed 200 Freestyle Relay | | |

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ENTRY FORM

**Contact Information:**

|  |  |  |
| --- | --- | --- |
| **Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **City/Town** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_ | **Zip** \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Daytime Phone** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Evening Phone** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **E-mail (required)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Emergency Contact Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Entry Fee’s Payment Summary:**

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_ | Individual Entries @ $5.00 per event | = | \_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_ | Relay Entries @ $12.00 per event | = | \_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
|  | **Total payable to Berks County Aquatic Hall of Fame** |  | \_\_\_\_\_\_\_\_\_\_ |

**Berks County Aquatic Hall of Fame Waiver of Liability**

I declare that I am physically fit and able to participate in this Masters Swim Meet. I declare that I have no known medical conditions that would prevent me from participating. I declare that I have trained for this event. I have read the Rules for Participation for this event and I agree to follow the rules. I understand that accidents (including fatalities, serious bodily injury and/or property damage) can occur during this event. I also understand that heart attack or stroke is a known risk for all participants. I also understand that drowning and brain damage are known risks for all participants. I further acknowledge that accidents can occur because of collision with other swimmers, collision with race volunteers, weather conditions, and water temperature. Knowing all of these risks and other risks not stated above, I nevertheless agree to assume those risks and I agree to release the race sponsors, race officials, race lifeguards, race volunteers, attorneys, race organizers, and all other persons, agents, groups, advisors, organizations, associated with this event including but not limited to the Berks County Aquatic Hall of Fame, Wilson School District, from any negligence or wrongful death claim.

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send Event Selections, Entry Form, and Check (Waive Signature)\* to:**  
Lyndsay Woods  
BCAHOF  
1108 Independence Dr  
West Lawn, PA 19609

*\*M ust be post marked by October 7,2018*

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | |