

Central Florida Marlins Masters “Spring” Splash
Sponsored by Central Florida Marlins Masters Swim Team
Saturday, April 6, 2019
Sanctioned by the Florida LMSC for USMS, Inc.

DATE & TIME: Saturday, April 6, 2019. Warmup: **10:00am**, Meet starts: **11:00am**

FACILITY: Newton A. Perry Aquatic Center. Located on the College of Central Florida Ocala campus, at I-75 and State Road 200. Address is 3001 SW College Road, Ocala, Florida, 34474. The competition will take place in a 6-lane, 25-yard (SCY) course, with warmup and warm-down lanes available.

POOL LENGTH CERTIFICATION: 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 106.2.1.

TIMING SYSTEM: The primary timing system will be manual timing with two watches. Times can be submitted for USMS Top 10, but cannot be submitted for world records or USMS records.

ELIGIBILITY: Current USMS rules will govern the meet. All participants must be age 18 or older as of the last day of the meet, and be currently-registered members of U.S. Masters Swimming. Foreign swimmers must provide proof of current membership in their country’s Masters Swimming governing body.

PAPER ENTRIES: Swimmers must pre-enter by mail. Entries must be POSTMARKED no later than Monday, April 1, 2019. Late entries received by mail (postmarked after April 2), phone, or email after April 2 will be accepted with an additional \$10.00 fee until Wednesday, April 4, 2018. Single fee of \$20.00 covers entry fee, facility charge, heat sheet, and cap. Email confirmation of entry receipt will be provided if you indicate such on the entry form. There will be deck entries at a cost of \$ 30.00.

ENTRY FEES: Single fee of \$20.00 includes entry fee, facility charge, heat sheet, and cap. Late entries will be accepted per the above description for an additional \$10.00 fee.

ENTRY LIMITS: Swimmers may swim up to five (5) individual events.

SEEDING: Events will be seeded slowest to fastest.

MEET REFEREE: Rick Mills

MEET DIRECTOR: Bill Vargo, 352-873-5811, or OcalaMarlins@gmail.com

Central Florida Marlins Masters Spring Splash ~ April 6, 2019 ~ Entry Form

Name _____ Sex _____ 2018 USMS # _____

Address, City, State, Zip _____

Birthdate ____/____/____ Age on 4/6/2019 _____ USMS Club (name & abbr) _____

Phone _____ Email _____

Enter your seed times or "NT" (No Time) for your events.

Event#	Event	Seed Time		Event#	Event	Seed Time
1-2	200 yd Freestyle			15-16	100 yd Butterfly	
3-4	200 yd IM			17-18	50 yd Breaststroke	
5-6	50 yd Butterfly			19-20	100 yd IM	
7-8	200 yd Breaststroke			21-22	200 yd Backstroke	
	15-minute break				15-minute break	
9-10	100 yd Breaststroke			23-24	100 yd Backstroke	
11-12	50 yd Backstroke			25-26	50 yd Freestyle	
13-14	100 yd Freestyle			27-28	200 yd Butterfly	
	15-minute break				15-minute break	
				29-30	500 yd Freestyle	

Read the information sheet carefully. Make your check payable as shown below and mail it to the address shown below. All Masters swimmers may be asked to show their USMS cards, if requested, at the meet. Incomplete entries (no fee, no copy of USMS card, incomplete entry card) or late entries (postmarked/received after the deadline) **MAY BE REJECTED!**

YOU MUST SIGN THE USMS LIABILITY WAIVER ON THE NEXT PAGE AND MAIL IT WITH THIS ENTRY FORM!

MEET FEES:		MAIL CHECKS TO:
Meet entry fee	\$20.00	Bill Vargo
Late fee (after Apr 2)	\$10.00	430 SW 43rd Pl
		Ocala, FL 34474
TOTAL ENCLOSED	\$	MAKE CHECKS PAYABLE TO: Ocala Aquatics

When mailing, please include these four items:

- 1) This entry form
- 2) Your check
- 3) The signed liability waiver (next page)
- 4) A copy of your 2019 USMS membership card



**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.
- 6. 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	