

Kentucky Masters Long Course Mini-Meet

July 14, 2019

SANCTIONED BY THE KENTUCKY LMSC FOR UNITED STATES MASTERS SWIMMING, INC.
SANCTION NUMBER 419-S003

SPONSORED BY: Kentucky Local Masters Swimming Committee

LOCATION: Lakeside Swim Club, 2010 Trevilian Way, Louisville, KY 40205-2142,
(502) 454-4585 x 228

POOL: 10 lanes, 50 meters, non-turbulent dividers, CTS Automatic Timing, 4 lane 25 yard warm up -- 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.

SCHEDULE: Sunday, July 14, 2019 -- start 8:30am (EDT), warm up 7:30 - 8:15am, doors 7:15am

FEES: \$5.00

Event

Estimated Start

| | |
|------------------------------|-----------------|
| 800 Free Relay | 8:30 AM |
| 100 Breaststroke | 9:10 AM |
| 50 Freestyle | 9:30 AM |
| 200 Individual Medley | 9:50 AM |
| 100 Backstroke | 10:10 AM |
| 50 Butterfly | 10:30 AM |

ENTRY PROTOCOL AND DEADLINES

- **All entries** can be mailed to *Lakeside Swim Club, attn. Chris Neichter, 2010 Trevilian Way, Louisville, KY 40205* before Friday, July 12.
- **All entries** can be emailed to cneichter@lakesideswim.com before Sunday
- **Relay entries** must be in the hands of each SKY team coach or representative by Friday, July 12 so relays can be formed before Sunday.
- **Individual entries ONLY** may be taken until 8:15 AM on Sunday, July 14, 2019.

Upon arrival, all swimmers shall check in at the registration table, may be asked to show their USMS card or MyUSMS profile, and shall have the complete entry form filled out and signed before entering the pool for warm up. The meet entry form should display your registered name and USMS number as it is on your USMS card or MyUSMS profile. All swimmers must be registered with USMS before an entry can be accepted.

This meet will be run according to USMS Rules. Leadoff split times for the 800 Free Relay shall be recorded and reported. Any other split times, must be requested according to USMS Rule 105.2.2.

ALL SWIMMERS WILL NEED TO ASSIST WITH TIMING.

THIS MEET IS A SWIM KENTUCKY MASTERS COMPETITION AND IS ONLY OPEN TO USMS SWIMMERS RESIDING IN THE STATE OF KENTUCKY AND REGISTERED WITH THE KENTUCKY LMSC.

LAKESIDE SWIM CLUB WILL ONLY BE OPEN TO COMPETITORS AND MEET WORKERS DURING THE MEET.

**KENTUCKY MASTERS LONG COURSE METERS MINI-MEET
SANCTIONED BY THE KENTUCKY LMSC FOR UNITED STATES MASTERS SWIMMING, INC.**

SANCTION NUMBER 419-S004

JULY 14, 2019

ENTRY FORM

NAME _____ TEAM _____ GENDER _____ AGE _____
DATE OF BIRTH _____ USMS NUMBER _____
ADDRESS _____ CITY _____ STATE _____
HOME PHONE _____ BUSINESS PHONE _____

Check Events to be Swum (No Seed Times)

800 M FREE RELAY _____

100 M BREAST _____

50 M FREE _____

200 M IND. MED _____

100 M BACK _____

50 M FLY _____

LIABILITY WAIVER

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 all 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 THE 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.

Date _____ Athlete Signature _____



**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.

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