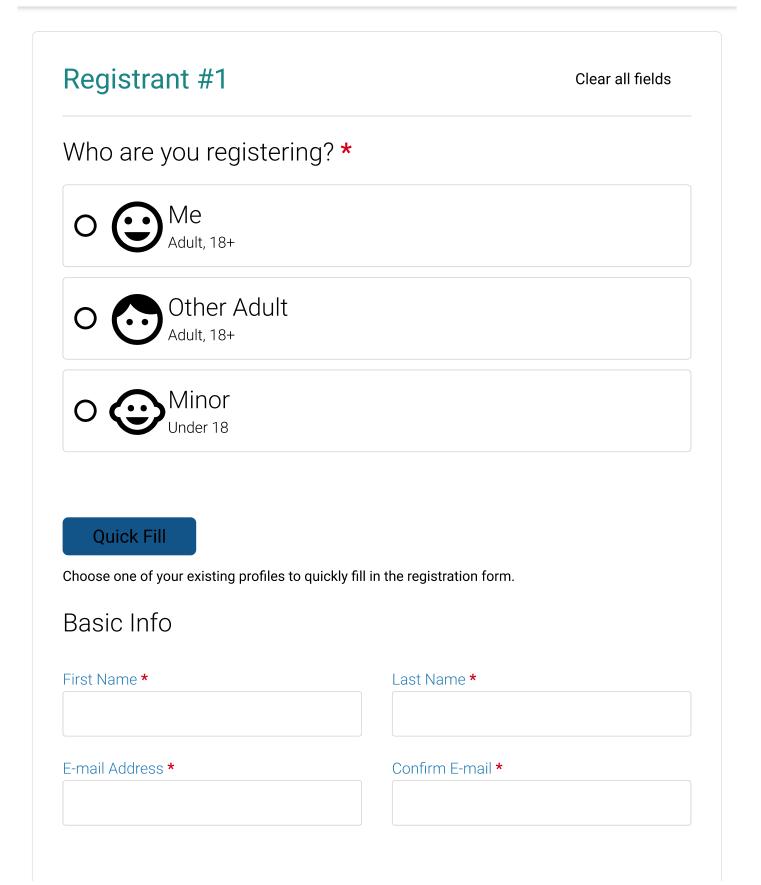
Register For

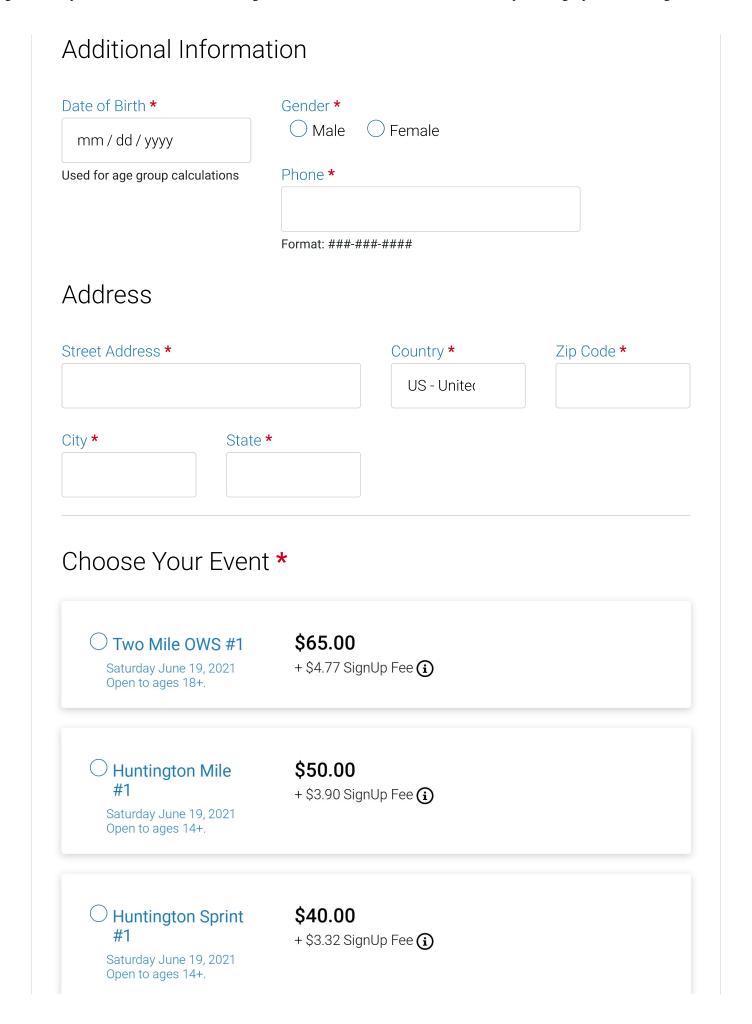
Huntington Mile Open Water Swim Series

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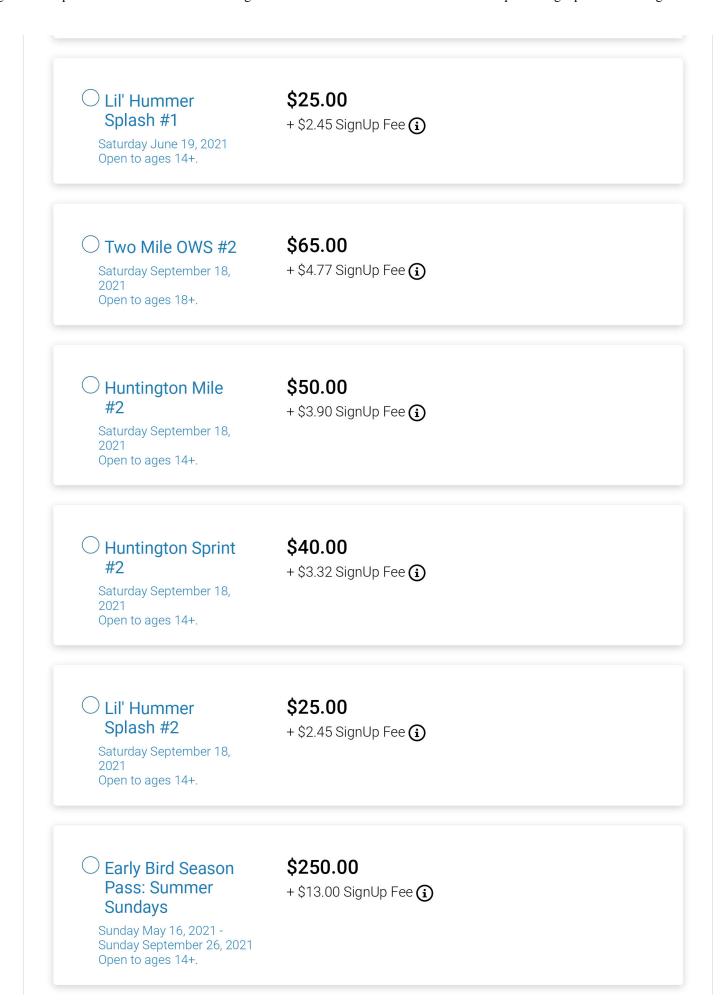
Huntington, IN 46750



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+ Add Another Registrant

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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");

- 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 acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19, or other viral or bacterial infection, while participating in any of the Events, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I agree that if I have a fever, cough, feel short of breath, have any other symptoms, have knowingly been exposed to a communicable disease such as COVID-19 or have traveled to or from a highly impacted area, I will not attend an Event for at least two weeks after exposure or symptoms have subsided or I have returned from a highly impacted area. In addition, if I discover I have been exposed to a suspected or positive case of COVID-19 or have tested positive for COVID-19, I will notify the USMS coach or club administrator immediately.
- 5. 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.
- 6. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a daim 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 daim.

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

Huntington Mile Open Water Swim Series

Huntington, IN 46750





Huntington Mile Open Water Swim Series & Live4Love Aquatics Team

Donation Goal: \$50,000

Parkview Huntington Family YMCA has become a charity partner with Live4Love to help fund

Live4Love (L4L) Aquatics Team needs & wish list to benefit the continuance of Huntington Mile Open Water Swim Series & Lake Clare initiatives:

- Funds for ongoing annual Huntington Mile Open Water Swim Series #1 & #2 -\$24k
 - Lifeguard & Monitor Training(s) \$2k
- Labor Cost of Aquatics Director & Lifeguards for 25-30 OWS practice(s) \$4k
 - Youth Open Water Swim Program (3 sessions) \$2k
 - 3 Turn Buoys & 3 Site Buoys; 9 Anchors \$3k
 - 12 kayaks, paddles, and PFDs \$10k
 - Storage racks, trailer, and/or portable building \$10k
 - Security Camera(s) \$2k
 - Trade fixtures for concessions & registration building \$2k
 - First Aid Supplies (for all temperatures) \$1k
 - Increase inflatable paddle board fleet (suited for lifeguards) \$2k
 - Lifeguard chair(s) \$1k
 - Administrative research to open a public beach
 - and the list goes on....

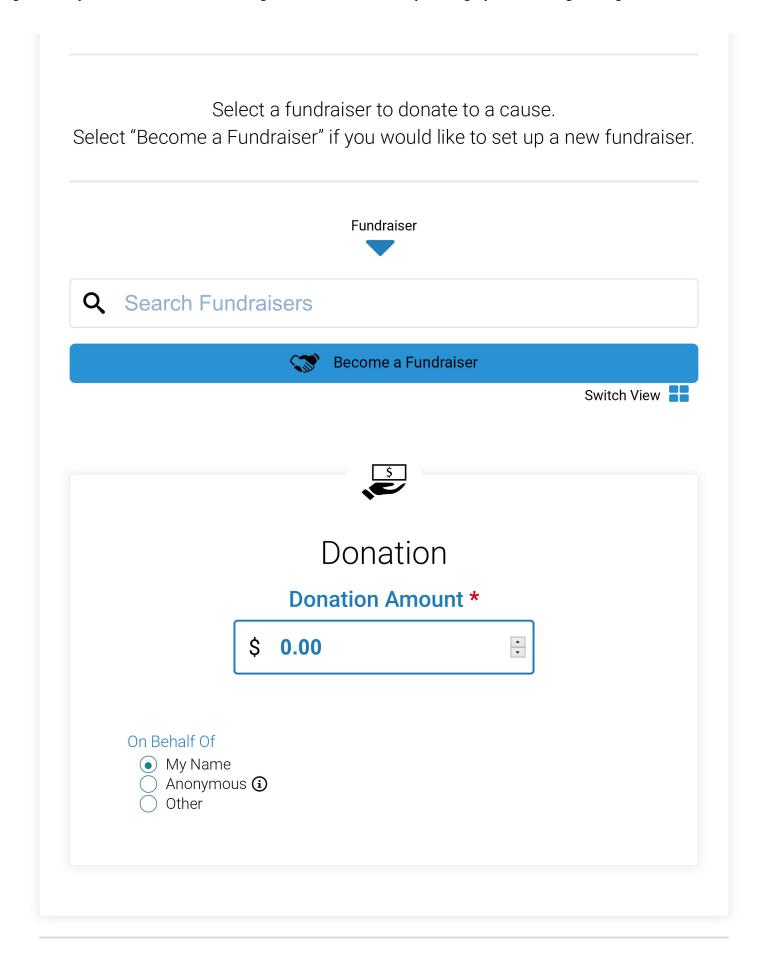
Please, help us bring fun and safe activities to Lake Clare!

Your financial contribution is tax deductible through Parkview Huntington Family YMCA campaign, "Huntington Mile Open Water Swim Series". And, prayerfully, will be followed by matching grants!

Thank you for your support! Check back throughout the summer to see our progress!

<3 L4L Aquatics Team & Huntington Parkview Family YMCA</p>

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Register For Huntington Mile Open Water Swim Series Huntington, IN 46750 Questions for Andrea Storms



Questions for Andrea Storms					
T-Shirt Option *					
XLarge					
Race T-Shirts may not be available for those registering after 005/31/2021					
Emergency Contact Name *					
Steve Storms					
Emergency Contact Phone *					
417-300-4004					
If you would like to sign up to receive text message updates for this race,					
please enter your cell phone number here. 260-388-5336					
200-366-3330					
Are you a member of US Masters Swimming * • Yes No					
What is your USMS member number *					
S3RHC					
What is your goal for this race					
To finish					

10 11111511

1 of 2

How did you hear about the Huntington Mile Open Water Swim Series *

Friend, other

Continue

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Register For

Huntington Mile Open Water Swim Series

Huntington, IN 46750



Review your registration information:

Race Information

Race: Huntington Mile Open Water Swim Series

Location: Huntington, IN 46750 US

Race Date: May 16, 2021 - September 26, 2021

Registrants

Andrea Storms

Date of Birth: April 29, 1972 Age On 12/31/2021: 49

Q 856 Dimond St Huntington, IN US 46750

graystongrace@gmail.com

260-388-5336

r F

Event: Huntington Mile #1 (Saturday June 19, 2021)

T-Shirt: XLarge

+ Add Another Registrant

Question Responses for Andrea Storms

Emergency Contact Name Steve Storms

Emergency Contact Phone 417-300-4004

Registration	Cart	
	Item	Total
Huntington Mile #1 Andrea Storms	\$50.00	\$50.00
T-Shirt XLarge	\$0.00	\$0.00
Ва	\$50.00	
Processin	\$3.90	
	Total:	\$53.90

If you would like to sign up to receive text message updates for this race, please enter your cell phone number here.

260-388-5336

Are you a member of US Masters Swimming Yes

What is your USMS member number S3RHC

What is your goal for this race To finish

How did you hear about the Huntington Mile Open Water Swim Series

Friend, other

Credit Card Information

First Name *					
Andrea					
Last Name *					
Storms					
Street Address *		FULL NAME	MONTH/YEAR valid thru ••/••		
856 Dimond St		Card Number *			
Country *	Zip Code *				
US - Uni	46750				
City *	State *	Expiration Date *			
Huntington	IN - India	Month	Year		
		CVV (Card security co	CVV (Card security code) *		
		Save my credit on next time.	eard for a quicker regis	stration	

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You can clear this transaction within 15 minutes. After that all sales are final and there are no refunds.

Confirm Payment: \$53.90

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