## 12<sup>th</sup> Annual Munster Masters Fall Frenzy

Saturday Nov. 9, 2024 Hosted by Munster Swim Club/Munster Masters Sanctioned by GRIN for USMS, Inc. #164-S007

- Location: Munster HS Aquatic Center 8808 Columbia Ave. Munster, IN 46321 Ph: 219-902-6734
- Facility: 10 Lane, 25 yd. x 25 yd. competition pool. Separate 25 yd. pool for Warm up + cool down. Deck seating for competitors; Elevated spectator seating

The length of the competition course is in compliance and on file with USMS in accordance with articles 105.1.7 and 106.2.1, but as a bulkhead course, is subject to length confirmation.

Eligibility of times for USMS Top 10 and records will be contingent on verification of bulkhead placement.

Meet Conduct: Current USMS rules will govern the conduct of the meet

- Eligibility: The meet is open to anyone 18 and older. Swimmers must be USMS registered to swim this event or submit a One Event Registration Form and pay the required fee.
- Age Groups: 18-24; 25-29, 30-34, 35-39, 40-44, etc.
- Entry Fee: \$30.00 fee for all mail entries received by November 2, 2024 \$40.00 fee for all deck entries Entry fee covers ALL entries (NO MORE THAN 5 INDIVIDUAL EVENTS) and one relay

Mail Entry forms and \$30.00 check to: Munster Swim Club - Matt Lee Munster Masters Association / Munster Swim Club 242 Briar Ln Munster, IN 46321 Event Seeding: All events shall be seeded according to the pre-entered seed time of each swimmer, regardless of age or gender. In the event of multiple heats, slower heats shall be swum first. All no-time (NT) entries shall be placed in the slower heats. All swimmers are responsible for reporting to the blocks at the appropriate time for their events. Heat and lane assignments for all events shall be posted on deck before the start of the competition.

Hospitality: There WILL BE Athlete Hospitality at this meet

(ALL TIMES are CENTRAL!!!) Deck Entry/Warm up: 7:30am-8:20am Heat Sheets: 8:15am Meet Start: 8:30am

- Events: 1. 400 Individual Medley
  - 2. 50 Freestyle
  - 3. 100 Breaststroke
  - 4. 200 Backstroke
  - 5. 200 Individual Medley
  - 6. 50 Butterfly
  - 7. 500 Freestyle
  - 8. 50 Backstroke
  - 9. 200 Breaststroke

- 10. 100 Freestyle
- 11. 100 Individual Medley
- 12. 200 Butterfly
- 13. 100 Backstroke
- 14. 50 Breaststroke
- 15. 200 Freestyle
- 16. 100 Butterfly
- 17. 200 Free Relay (M, W, X)
- 18. 200 Medley Relay (M, W, X)
- 19. 1650 Freestyle

Warm ups: Entry into the pool must be feet first in a cautious manner. Diving shall be permitted only in the designated sprint lanes during the meet warm-up. Instructions given by the meet official must be obeyed at all times

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Name:	Gender: Age: DOB:	_
Address:		
Phone:		
USMS#:	Team:	

Circle the events you wish to swim and provide a seed time (write "NT" for no seed time) You may compete in up to 5 events. All relays shall be deck entered/seeded and swam together.

1 400 Individual Medley	10 100 Freestyle
2 50 Freestyle	11 100 Individual Medley
3 100 Breaststroke	12 200 Butterfly
4 200 Backstroke	13 100 Backstroke
5 200 Individual Medley	14 50 Breaststroke
6 50 Butterfly	15 200 Freestyle
7 500 Freestyle	16 100 Butterfly
8 50 Backstroke	17 200 Free Relay (M, W, X)
9 200 Breaststroke	18 200 Medley Relay (M, W, X)
	19 1650 Freestyle

Mail entry form + \$30.00 check by Nov. 2nd, 2024 (OR your entry may not be received IN TIME!!) Make checks out to:

"Munster Swim Club" c/o Matt Lee - MMA 242 Briar Ln Munster, IN 46321

\$40.00 entry fee for all deck entries on the day of the meet Make all checks payable to: "Munster Swim Club" For more information, contact Matt Lee - <u>matthewalee@comcast.net</u>



#### 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/or 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, including the <u>Code of Conduct</u> and any safety regulations established by USMS. 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 I agree not to participate in USMS activities for a minimum of 10 days from the date the symptoms started, until the symptoms have subsided or I have been cleared by a doctor. If I test positive for COVID-19 within 10 days following participation in a USMS activity, I will notify the USMS event director, 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 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 (circ	e) Date of Birth (mm/dd/yyyy)
			M	=
Street Address, City, State, Zip	·			
Signature of Participant				Date Signed



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

Last Name	First Name		MI			
Street Address						
City/State/Zip		Phone				
	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 payable to:
- 3) 2024 OEVT Fee: \$20.00
- 4) Meet Director should retain one copy of the signed forms for their state's applicable personal injury statute of limitations time period.
- 5) Meet Director should mail check and completed forms (both Pages 1 and 2) to the <u>LMSC</u> <u>Membership Coordinator's name and address</u>.

# NOTE: Times swum under the one-event registration are not eligible for USMS Top 10 or records consideration.

Page 1 – This form cannot be accepted without being accompanied by Page 2 waiver. Form revised 9/21/2023