



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Sussex County YMCA "Adult Mini Meet"

Sussex County YMCA
Hardyston, NJ

Saturday, October 20, 2018

New Swimmer Orientation Meeting 1:00-1:30 pm
1:30 pm – Check-in
2:00 pm – Warm Ups Begin 2:30 Start time

Recognized by the New Jersey Swimming LMSC for USMS, Inc. R#078-R004

Facility: The Sussex County YMCA six lane 25 yard pool. Timing will be done with a Colorado Timing System with manual backup. 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.

Directions:

From Route 23: Go to Hamburg; take Route 94 South to Wits End Road on right (approx. 2 miles). Follow Wits End Road to YMCA driveway.

From Intersection of Routes 15 & 94: Go North on Route 94 towards Hamburg. Follow Route 94 to Wits End Road on left (approx. 5 miles). Follow Wits End Road to YMCA driveway.

Warm-ups: No diving is permitted during warm-up, except in the designated one-way sprint lane(s). Lane 1 will remain a designated warm up lane throughout the meet.

Entry Limit: Swimmers may register for a maximum of 6 events.

Seeding: All events will be pre-seeded. Events will be run in heats, slowest to fastest, with men and women swimming together. Entries with "No Times" (NT) will be seeded in the slowest heat.

Age Groups: Individuals: 18-24, 25-29, 30-34, etc. through 90+.

Eligibility: Open to any adult interested in participating in a swim meet. Swimmers must be 18 years of age on the date of the meet. If you are a member of USMS, a copy of your USMS card needs to be submitted with your entry form.

Awards: Ribbons for 1st through 3rd places; all others will get a label with their official time.

Timing: In the unlikely event that a malfunction occurs in the automatic timing system, the meet will continue on schedule with the use of alternate (stopwatch) timers.

Entry Fees: \$12.00 per swimmer to register and \$6.00 per event.

Registration: All entries must be received by Wednesday, October 17, 2018. NO exceptions. Any questions, please call Ray Gaffney, at 973 209-9622 ext. 224 or email to rgaffney@metroymcas.org. No online registration. Please mail the form below along with the signed waiver to: Sussex County YMCA 15 Wits End Rd, Hamburg, NJ 07419 Attn: Ray Gaffney

Entry Form - Adult Mini Meet – October 20, 2018

Entry form must be received by Wednesday, October 17, 2018.

(In order for your results to be posted to the NJ Masters Swimming you must include a copy of your USMS card).

Age as of 10-20-18: _____ Sex: _____

Name: _____

Date of Birth: _____

Address: _____

E-Mail Address: _____

Evening Phone: _____

Day time Phone: _____

USMS number(if applicable): _____

RELEASE OF LIABILITY BY PARTICIPANT:

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 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. (Rule Book Article 203.1)

PLEASE PLACE A COPY OF USMS CARD

Signature: _____ Date: _____

****ALL PARTICIPANTS MUST SIGN OFF ON THE WAIVER (PAGE 3)!****

Please enter your best short course **yard** times for each event you wish to swim (put "NT" in the blank for No Time)

Event	Entry Time	Event	Entry Time
1. 100 IM	_____	7. 100 Fly	_____
2. 50 Free	_____	8. 25 Free	_____
3. 100 Back	_____	9. 100 Breast	_____
4. 50 Fly	_____	10. 50 Back	_____
5. 200 Free	_____	11. 100 Free	_____
6. 50 Breast	_____	12. 1000 Free	_____

Entry Fee **\$12.00**
of Events x \$6.00 \$ _____

Total enclosed: \$ _____ Check (payable to Sussex County YMCA)

Credit Card (circle one) VISA MC Discover AMEX

Card # _____ Exp Date: ____/____

Signature _____

Mail to:

Sussex County YMCA
15 Wits End Rd
Hardyston, NJ 07419
Phone: 973 209-9622
Fax: 973 209-1483

www.sussexcountyyymca.org

Office Use only: Member/Non-Member Receipt # _____ Staff Initial _____



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