



Edina Gator February Meet

University of Saint Thomas

2115 Summit Avenue, Saint Paul, MN 55105

Sunday, February 26, 2017



Schedule:

1000y/1650y Registration – 9 a.m. - 9:30 a.m.
 Warm-ups – 9 a.m. - 9:25 a.m. (3 lanes are available at all times in the diving well)
 1000y/1650y – 9:30 a.m. – 10:40 a.m. (approx.)
 Registration – 10 a.m. – 10:30 a.m.
 Warm-ups – 10:40 a.m. – 11:25 a.m. (3 lanes are available at all times in the diving well. The full pool will open up immediately following 1000y/1650y)
 Meet (events 3-33) – 11:30 a.m. – 2:30 p.m. (approx.)

Meet Sanction: 307-S003

Meet Director: Jim Teter (meets@minnesotamasters.com)

Entry Information: Must be a USMS registered member or a non-member fee is required.

Entry Type	Early Bird	Pre-Register	Deck Entry
Deadline	February 5, 11:59 p.m.	February 23, 11:59 p.m.	Feb. 26, 10:30 a.m.
USMS Member	\$15	\$20	\$25
Non-USMS Member	\$40	\$45	\$77 (\$25 entry + \$52 annual membership)
Non-USMS Member but USAT Member	\$35	\$40	\$72 (\$20 entry + \$52 annual membership)
Non-USMS Member but under 30 years old	\$35	\$40	\$72 (\$20 entry + \$52 annual membership)

Registration: Participants may enter a maximum of 6 individual events. Entry fees are non-refundable. Online entries are paid by credit card to ClubAssistant.com Events. To deck enter you must be a USMS member.

Course: 8 lane, 25yd pool, using 8 lanes for competition. There is a 3-lane 25yd diving well that can be used for warm-up and cool down. 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.

Distance Events & Positive Check-in: Positive check-in is required for the 1000 and 1650 free by 9:15 a.m. You may be scratched if you do not check-in at the registration table. **Deck Entries *may* be limited for the 1000 and 1650 free.**

Relays: Relay entries will be accepted up until the start of the group of events before each relay. All relays must complete a relay entry card complete with first and last name, and age of each swimmer. Each card must have the club/workout group name (all 4 members must be registered with that club for the relay to be official). The distance and type of relay must be circled. Participants may only compete once in each relay. Women’s, Men’s, and Mixed relay events may be combined depending on entries.

Results: Will be posted at the meet and online at www.minnesotamasters.com within one week. Times swum by Non-USMS Members are not eligible for USMS Top 10 or records consideration. (Article 201.1.3B).

Paper Entry (2 pages)

Event Number	Event	Entry Time		Event Number	Event	Entry Time
Group 1				Group 5		
09:30 a.m. Start				Will not start before 12:45 p.m.		
1	1000y Free	____:____.____		21 22 23	200y F.R. W/M/X	____:____.____
2	1650y Free	____:____.____		24	500y Free	____:____.____
Group 2				25	50y Fly	____:____.____
Will not start before 11:30 a.m.				26	200y Breast	____:____.____
3 4 5	400y F.R. W/M/X	____:____.____		27	100y Back	____:____.____
6	100y I.M.	____:____.____		Group 6		
7	200y Fly	____:____.____		Will not start before 1:35 p.m.		
8	50y Back	____:____.____		28 29 30	800y F.R. W/M/X	____:____.____
Group 3				31	200y I.M.	____:____.____
Will not start before 11:50 a.m.				32	50y Free	____:____.____
9 10 11	200y M.R. W/M/X	____:____.____		33	100y Fly	____:____.____
12	200y Free	____:____.____				
13	100y Breast	____:____.____				
14	400y I.M.	____:____.____				
Group 4						
Will not start before 12:20 p.m.						
15 16 17	400y M.R. W/M/X	____:____.____				
18	100y Free	____:____.____				
19	200y Back	____:____.____				
20	50y Breast	____:____.____				

***Each group of events will not start before the listed time. There will be a minimum of a 5 minute break between groups.

***Events 3, 4 and 5; 9, 10 and 11; 15, 16 and 17; 21, 22 and 23; 28, 29 and 30 may be combined.

***Participants may enter a maximum of 6 individual events.

Paper Entry (USMS members Only), please mail

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|--|-------------------------------------|
| (a) This form (2 pages) | To: |
| (b) A check for the correct amount made payable to Minnesota Masters | David Bergquist c/o Recruit Masters |
| (c) A copy of your USMS card | Suite 300, 8200 Humboldt Ave. So. |
| | Bloomington, MN 55431 |

PLEASE PRINT

Print Name: _____ Male Female

Birthdate: ____/____/____ Age: ____ Phone: ____-____-____

USMS #: _____ - _____ Club: _____

Email Address: _____

******Signature required on following page** (please mail both pages with your registration)



**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	