



The Flying Finn Meet
at the University of St. Thomas
Saturday, February 23, 2019
Anderson Athletic and Recreation Complex
2115 Summit Avenue
St. Paul, MN 55105

Schedule:

Registration – 10:00AM to 10:30AM
Warm-up Period – 10:00AM to 10:50AM
Events – 11:00AM to 4:00PM (approximately)

Meet Sanction: 309-S002

Meet Director: Shannon Swartz (shannonswartz@comcast.net)

*Commemorating the
Swimming History of
Ray Hakomaki,
The "Flying Finn"
1920-2018*

Entry Information: Entrant Must be a USMS registered member or pay the special "Non-Member Rate."

Entry Type	Early Bird	Normal Rate*	Day of Meet**
Deadline	February 10, 11:59 PM	February 21, 11:59 PM	February 23, 10:30 AM
USMS Member	\$20	\$30	\$40
Non-Member Rate	\$45	\$55	N/A

*In order to prepare event seeding and psych sheets, registration is suspended from this date and time until the day of the meet.

** A swimmer may pay the annual USMS registration fee of \$56 and enter on the day of the meet for a total fee of \$96. No non-member registrations are available on the day of the meet. We encourage all swimmers to pre-register with USMS and pre-register for the meet prior to the Normal Rate deadline.

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." Deck entries on the day of the meet are limited to new or existing USMS members. Deck entries to be paid by check or cash only. No credit cards on day of meet.

Course: 8 lane, 25 yard pool, using 8 lanes for competition. 3 Lanes in adjoining diving well area will be available throughout the meet for warm-up and cool down. The length of the competition course is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2.1.

Positive Check-in: Positive check-in is required for the 500 free by 10:45 AM and for the 1,000 free and 1,650 free by 1:00 PM. Swimmers who do not check-in at the registration table will be scratched from the event.

Relays: Relay entries will be accepted up until 15 minutes prior to the respective relay. All relays teams must either e-mail their information to david.bergquist@minnesotamasters.com by 11:59 PM on Thursday, February 21st or complete a relay entry card at the Meet complete with first and last name, age and gender of each swimmer. Each card or e-mail must include the club/workout group name. For the relay to be official none of the four members may be "unattached," all must be registered with the same club but may be from different workout groups. The distance and type of relay must be circled or otherwise indicated. Participants may only compete once in each relay. Women's, Men's, and Mixed relay heats may be combined depending on entries.

Scoring: Athletes & Relays will score points for their respective USMS Clubs and workout groups. Points will be awarded as follows; for Individuals: 9,7,6,5,4,3,2,1; Relays: 18,14,12,10,8,6,4,2. Club MINN Athletes & Relays will not score points towards overall team totals, but workout groups under Club MINN will.

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). Times swum by non-Minnesota LMSC members are not eligible for Minnesota LMSC records.





Online Entry Link: https://www.clubassistant.com/club/meet_information.cfm?c=1156&smid=11412

Paper Entry (2 pages)

Event Number	Event	Entry Time		Event Number	Event	Entry Time
1	100y Free	__:__.__		14 15 16	400y Free Relay W/M/X	
2	200y Back	__:__.__		17	50y Fly	__:__.__
3	50y Breast	__:__.__		18	200y Breast	__:__.__
4	500y Free	__:__.__		19	100y Back	__:__.__
5	100y I.M.	__:__.__		20 21 22	200y Free Relay W/M/X	
6	200y Fly	__:__.__		23	100 Fly	__:__.__
7 8 9	200y Medley Relay W/M/X			24	50 Free	__:__.__
10	50y Back	__:__.__		25	200 I.M.	__:__.__
11	100y Breast	__:__.__		26 27 28	400y Medley Relay W/M/X	
12	200y Free	__:__.__		29	1000y Free	__:__.__
13	400y IM	__:__.__		30	1650y Free	__:__.__

*There may be a short pause before relays.

**Relays that are grouped together may be combined into single heats depending on number of entries.

Paper Entry (USMS members only), please mail

- (a) This two-page form
- (b) A check for the correct amount made payable to "Minnesota Masters Swimming"
- (c) A copy of your USMS card

Mailing Address:
 David Bergquist c/o Recruit Masters
 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 and funds 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	