

# 2015 Bengal Halloween Masters Swim Meet

Hosted by the **Buffalo State College Swimming & Diving Team**

Sanctioned by Niagara Districts Masters Swimming for USMS, Inc. #045-S008

**Date:** **Sunday, October 18th, 2015.** Warm-up starts at 8:30 AM. Meet starts at 9:30 AM.

**Location:** Kissinger Pool at Buffalo State College: 1300 Elmwood Ave Buffalo, NY 14222. The pool is 25 yards, has 6 lanes, and the meet will be electronically timed. The meet will run in 5 lanes with a 6<sup>th</sup> lane for continuous warm-up/warm-down. Parking can be found behind the Houston Gym and pool entrance is through the front of the building. Food is not permitted on deck. *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.*

**Eligibility:** Open to all USMS/MSC-registered swimmers 18 and older as of October 18<sup>th</sup>, 2015.

**Fees:** \$28 per swimmer. Includes 5 individual events and relays. All entries must be received by Monday October 12<sup>th</sup>, 2015. Deck entries will not be accepted.

**Check In:** Relays (**By 9:15am**) and 500 free (**By event 10**) require check in and will be deck seeded. Events will be mixed (men and women); timed finals seeded slowest to fastest. 'One Event Registration forms will be available at check-in for paper entries'

NAME \_\_\_\_\_ MSC/USMS # \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_  
SEX \_\_\_\_ AGE \_\_\_\_ DATE OF BIRTH \_\_\_\_\_ CLUB \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Event #	Event Name	Seed Time	Event #	Event Name	Seed Time
1	200 Med Relay	_____	10	200 Free Relay	_____
2	200 Free	_____	11	100 Free	_____
3	100 IM	_____	12	50 Fly	_____
4	50 Free	_____	13	200 Breaststroke	_____
5	200 Backstroke	_____		<b>10- Min Break</b>	
6	100 Fly	_____	14	200 IM	_____
	<b>10- Min Break</b>		15	50 Breaststroke	_____
7	400 IM	_____	16	200 Fly	_____
8	100 Breast	_____	17	100 Backstroke	_____
9	50 Backstroke	_____	18	500 Free	_____

**ONLINE entries are preferred:**

[https://www.clubassistant.com/club/meet\\_information.cfm?c=2258&smid=6971](https://www.clubassistant.com/club/meet_information.cfm?c=2258&smid=6971)

*Your credit card will be charged by 'Club Assistant.com Events'*

Paper Entries must be received by **Midnight October 13th, 2015** and include the following:

1. PHOTOCOPY OF USMS/MSC REGISTRATION.
2. CHECK OR MONEY ORDER, MADE PAYABLE TO Buffalo State Foundation.
3. SIGNED WAIVER FORM: SEE BELOW

SEND ENTRIES TO:

Nick Stone  
Buffalo State College-  
Houston Gym  
1300 Elmwood Ave Buffalo, NY 14222  
stonenc@buffalostate.edu



**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.
- 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.
- 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.
- 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.
- 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	