



JINGLE BELL CHALLENGE SWIM MEET

SATURDAY DECEMBER 2, 2017
MEET BEGINS AT 2:00PM



The Catskill Recreation Center is located at 651 County Highway 38, Arkville, New York 12406. The Catskill Recreation Center competition pool has six 25-yard lanes. The pool ranges in depth from 3 feet 6 inches on the far end to 8 feet 3 inches on the deep end of the pool. Four lanes will be used for competition and two lanes will be used for continuous warm-up and warm-down during the meet. Our meet is open to all 2017 registered United States Masters Swimming (USMS members) 18 years old or older as of December 2nd, 2017 and all Catskill Recreation Center members and non-members 6 years old and older. All children must be accompanied by a parent or guardian to participate in the meet.

GENERAL INFORMATION REGARDING THE MEET

- ❖ Day of Meet registration will close at 1:30p.m. Positive registration will close at 1:45p.m. This simply means that we check you off to make sure that you are still swimming all the events that you are entered and have shown up to swim at the meet.
- ❖ Open Warm-ups will begin at 1:00 p.m. and will end at 2:00 p.m. when the meet begins. Based on our timeline we are estimating a 4:30 p.m. finish time.
- ❖ All starts will be in water only and we will use the following starting commands: Three short whistle blasts: Step up. One long whistle blast: enter the water. Swimmers take your mark. One short whistle blast.
- ❖ We will be asking for volunteers to time our meet. Timers have the opportunity to use the facility for free after the meet is completed.
- ❖ This meet is a fundraiser for our youth swim team. All proceeds from the meet will go to help send our swimmers to meets in the region.
- ❖ All swimmers at the meet are allowed to swim up to 5 events and two relays. At this meet we will divide swimmers into a red team and a green team. These two teams of mixed ages and genders will go head to head to win the overall team title. Individual age group results will also be kept. Team scoring for each heat is as follows: 1st place: 7 points. 2nd place: 5 points. 3rd place: 3 points. 4th place 1 point. It is our hope that this format of meet would provide friendly competition between all participants.

Please return the entry form and waiver to the Catskill Recreation Center

By Mail:

JINGLE BELL CHALLENGE SWIM MEET
Sarah King
Aquatics Director
Catskill Recreation Center
651 County Highway 38
Arkville, New York 12406

Email: aquatics@catskillrecreationcenter.org. Please follow up to this entry by calling 845-586-6250 to pay over the phone.

OR REGISTER IN PERSON AT CATSKILL RECREATION CENTER.

We encourage you to spend a weekend in the Catskills!! For lodging suggestions, more information or further questions please contact Sarah King at 845-586-6250 or email

aquatics@catskillrecreationcenter.org.

**2017 JINGLE BELL CHALLENGE SWIM
SATURDAY DECEMBER 2,2017**

Name of Participant: _____ Sex _____ Age: _____ (as of 12/31/17)
Mailing Address: _____
Email Address: _____ Phone Number: _____

If Applicable:
Club Name: _____ Club Abbreviation: _____
USMS Registration no: _____

Participant Emergency Contact: _____ Phone Number: _____

Pre-Registration Meet Entry Fee: \$15.00 for CRC Members. \$30.00 for non-members.
Includes CRC swim cap.

Day of Registration Entry Fee: \$20 for CRC members and \$35 for non-members.

Entries by mail: Attention: Sarah King
Aquatics Director
651 County Highway 38
Arkville, New York 12406.

Entries by Email: aquatics@catskillrecreationcenter.org.

*** Participants are limited to five events and two relays. Please note that upon arrival at the event all participants regardless of age or affiliation will be split into teams and compete at the meet with their team. Teams will be mixed ages and genders. All participants will receive individual age group awards and an overall team scores will be awarded and kept. ***

EVENT LISTING.

- | | |
|---------------------------|-------|
| 1. MIXED 200 MEDLEY RELAY | _____ |
| 2. 25 yd. BUTTERFLY | _____ |
| 3. 100 yd. FREESTYLE | _____ |
| 4. 50 yd. BACKSTROKE | _____ |
| 5. 200 yd. FREESTYLE | _____ |
| 6. 50 yd. BUTTERFLY | _____ |
| 7. 100 yd. BREASTSTROKE | _____ |
| 8. 100 yd. IM | _____ |
| 9. 100 yd. BACKSTROKE | _____ |
| 10. 50 yd. FREESTYLE | _____ |
| 11. 25 yd. BREASTSTROKE | _____ |
| 12. 100 yd. FREESTYLE | _____ |
| 13. 25 yd. BACKSTROKE | _____ |
| 14. 50 yd. BREASTSTROKE | _____ |
| 15. 25 yd. FREESTYLE | _____ |
| 16. 200 FREESTYLE RELAY | _____ |

, *** Breaks will be taken after Event 5, 10, and 15. ***



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