

Arkansas Masters Fall Fun IM Frenzy
Saturday, Nov. 19, 2016, 9:00 am
Bentonville, Ar.

Come join us for a fun pseudo-dual meet between the Joplin Bezerkers and the Northwest Arkansas swimmers. Any and all swimmers are welcome. If you've never swam in a masters meet before, this is a great opportunity to "dive in!" Low pressure, and lots of fun!

Location: Bentonville Community Center
1101 SW Citizens Cir, Bentonville, Ar, 72712
479-696-0200

Facility: 8 lane, 25 yd x 25 yd. competition pool.

Meet Conduct: Current USMS rules will govern the conduct of the meet

Eligibility: The meet is open to anyone 18 and older. Swimmers do not have to be a member of USMS to swim in the event, but non-members will have to fill out a one-day USMS membership/waiver.

Entry Fee: \$15 entry fee for all current USMS members
\$25 entry fee for non-USMS members
Mail (or scan/send) entry fees and check to:

Arkansas Masters Carie O'Banion 2382 Maryland Dr. Rogers, AR. 72756	If sending via email, just scan or snap a photo of your entry form, and send to: carie.obanion@gmail.com (bring payment on the day of the meet)
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Event Seeding: We will try to seed events according to pre-entered seed times for each swimmer, regardless of age or gender. In the event of multiple heats, the slower heats will be swim first. All no-time (NT) entries shall be placed in the slower heats.

Warm up starts at 8:00am, with a meet start time of 9:00 am. Entry into the pool must be feet first in a cautious manner. Diving shall be permitted only in the designated sprint lanes during the meet warm-up.

This meet is sanctioned by Arkansas Masters for USMS Inc. 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.

For more information or questions, contact Carie O'Banion at carie.obanion@gmail.com or 479-715-2971

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Name: _____ Gender: _____ Age: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

USMS #: (if applicable) _____

Which team are you representing for this meet: _____ Joplin Bezerkers _____ NWA _____ Other

Circle the events you wish to swim and provide a seed time (write NT for no seed time).

Sign up for events 3/6/9/12/15 or 4/7/10/13/16, or 5/8/11/14/17. In addition, all participants (especially you triathletes!) may swim the 500 Free.

Relays can be formed on race day, or write them in below if you know who your relay members will be.

1 _____ 100 yard Medley Relay
2 _____ 200 yard Medley Relay

12 _____ 25 Y Freestyle
13 _____ 50 Y Freestyle
14 _____ 100 Y Freestyle

3 _____ 25 Y Butterfly
4 _____ 50 Y Butterfly
5 _____ 100 Y Butterfly

15 _____ 100 Y Individual Medley
16 _____ 200 Y Individual Medley
17 _____ 400 Y Individual Medley

6 _____ 25 Y Backstroke
7 _____ 50 Y Backstroke
8 _____ 100 Y Backstroke

18 _____ 500 Free

9 _____ 25 Y Breaststroke
10 _____ 50 Y Breaststroke
11 _____ 100 Y Breaststroke

Mail entry form and check by Nov. 18th to:

Arkansas Masters
Carie O'Banion
2382 Marylande Dr.
Rogers, AR. 72756

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**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)	Date of Birth (mm/dd/yy)
Street Address, City, State, Zip				
Signature of Participant			Date Signed	

Revised 07/01/2014