

CHRIS JACKSON MEMORIAL

SHORT COURSE METERS MASTERS SWIM MEET

(aka Coral Springs Holiday Classic SCM Meet)

- **DATE & TIME:** **December 2 and 3, 2017**
Warm Up: Saturday 11:00 a.m. ~ Meet starts 12:00 noon
Warm Up: Sunday 9:30 a.m. ~ Meet starts 10:30 a.m.
- **LOCATION:** Coral Springs Aquatic Complex
12441 Royal Palm Boulevard
Coral Springs, FL 33065
<http://www.aquaticcomplex.com/loca.cfm>
- **SPONSORED BY:** City of Coral Springs / GOLD Coral Springs Masters
SANCTIONED BY: Florida Gold Coast Masters for USMS, Inc # **507-S010**
- **FACILITY:** 8 lane 25-meter course for competition.
Additional lanes will be available for warm-up and warm-down.
Fully automatic Daktronics Timing System will be used.
- **ELIGIBILITY:** Open to all registered USMS swimmers, ages 18 years +.
Your age as of December 31, 2017.
- **SEEDING:** Entries will be seeded by time, slowest to fastest
- **RULES:** 2017 USMS rules govern
A copy of your USMS Card must be attached to the entry form.
- **ENTRIES AND RELAYS:** Each swimmer will be limited to **5** events per day, plus Relays.
The 800 Free will be limited to the first 32 entrants and will be swum women and men combined.
Relays will be deck entered. Relay entries will close 20 minutes before the meet start time each day.
- **AWARDS:** 1st through 3rd ribbons for each event in all age groups.
- **ENTRY FEE:** \$ 15.00 meet surcharge
\$ 3.00 per event
\$ 10.00 per Relay
Deck entries may be accepted for \$6.00 per event + meet surcharge if space permits. Deck entry will close 30 minutes before the meet start time each day.
- **ENTRY DEADLINE:** Mailed entries must be received by Tuesday, November 28, 2017.
- **ONLINE ENTRIES:** **Online entries are preferred and close on Nov. 29. Enter at:**
https://www.clubassistant.com/club/meet_information.cfm?c=2236&smid=9517.
- **INFORMATION:** Barbara Protzman, Meet Director
Tel: (954) 340-9629 Fax: (954) 345-2125
Email: swimbarb@hotmail.com
- **SOCIAL:** Coral Springs Masters will be offering a social sponsored by Gold Coast Masters after the meet on Sunday.

*Note: Coral Springs Masters reserves the right to take breaks as needed during the meet.

**2017 CHRIS JACKSON MEMORIAL / CORAL SPRINGS HOLIDAY CLASSIC
OFFICIAL ENTRY FORM**

NAME:		COPY OF USMS CARD HERE	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:		E:MAIL:	
BIRTHDATE:		AGE ON 12/31:	Gender: MALE FEMALE
		SATURDAY 12:00 noon	
WOMEN	ENTRY TIME	EVENT	ENTRY TIME MEN
1		200 Free	2
3		100 Breast	4
5		800 Mixed Free Relay	
6		200 Free Relay	7
8		200 Mixed Free Relay	
9		100 Fly	10
11		50 Breast	12
13		200 Back	14
15		50 Free	16
17		400 Free Relay	18
19		400 Mixed Free Relay	
20		200 IM	21
22		800 Free (Mixed)	
		SUNDAY 10:30am	
23		400 Free	24
25		100 Back	26
27		400 Medley Relay	28
29		400 Mixed Medley Relay	
30		100 IM	31
32		200 Fly	33
34		50 Back	35
36		100 Free	37
38		200 Breast	39
40		50 Fly	41
42		400 IM	43
44		200 Medley Relay	45
46		200 Mixed Medley Relay	
47		800 Free Relay	48
Meet Surcharge:		\$15.00	Mail to: Coral Springs Aquatic Complex CHRIS JACKSON MEMORIAL SWIM MEET 12441 Royal Palm Blvd. Coral Springs, FL 33065
Individual Events: _____ X \$3.00 =		\$	
TOTAL:		\$	
Make Checks Payable to: <i>City of Coral Springs</i>			

**PLEASE READ AND SIGN THE MANDATORY RELEASE FROM LIABILITY THAT IS ON THE NEXT PAGE.
IT MUST BE INCLUDED WITH YOUR ENTRY FORM OR YOUR ENTRY WILL NOT BE ACCEPTED.**

ONLINE ENTRIES ARE PREFERRED:

https://www.clubassistant.com/club/meet_information.cfm?c=2236&smid=9517
 Your credit card will be charged by "ClubAssistant.com Events" for this swim meet.



**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	