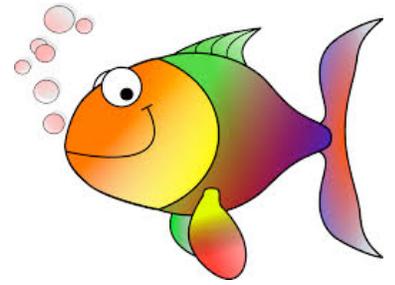




O*H*I*O MASTERS SWIM CLUB
 (Old Hearts Inspiring Others)
 CLEVELAND - WEST SIDE
 SWIM WORKOUTS
 SUMMER, 2016



COACHED WORKOUTS for SUMMER 2016 - Bob Babiak, Masters Coach for the past 24 years, and Jessie Zielinski, starting her first summer with us, will provide workouts, conditioning, stroke drills, goal setting, and individualized instruction to all who wish to participate. All adult swimmers, fitness and competitive, and triathletes are invited to participate.

SPONSORED BY O*H*I*O MASTERS SWIM CLUB - All participants must be current members of O*H*I*O Masters Swim Club to participate in the workouts because USMS liability insurance will cover these workouts. Membership is about \$45 which includes US Masters Swimming registration through the end of the calendar year. (register here: usms.org) You may attend as a guest for one week before paying the membership fee (Paperwork attached.).

FACILITY: Lakewood Foster Pool - Three lanes of a 50 meter course. The pool is located inside Lakewood Park, at the corner of Lake and Belle Avenues. Enter through the gate directly onto the deck.

SCHEDULE: Session begins June 8 and runs through Labor Day (Sept. 5).

Mondays, Wednesdays, and Thursdays from 8:30 - 9:30 p.m. through August 11.

Starting Aug. 15, all weeknight practices will be from 7:30 pm to 8:30 pm.

Labor Day practice will be from 9:00 am to 10:30 am.

Saturdays: 7:30 – 9:00 a.m.

Sundays: 10:00 - 11:30 am

No practice on July 4.

Please try to arrive ten minutes early to help put in the lane lines.

(Some dates may be canceled due to swim meets, holidays or thunderstorms. We usually swim on cold and/or rainy days, even if the pool closes early.)

COSTS:

EARLY BIRD SAVINGS!
 (pay in full by July 1, 2016)

Full Program for the Summer	\$125	\$100
Two days a week for the summer	\$ 94	\$ 75
Full program for ½ of the summer	\$ 94	\$ 75
One practice per week for the summer	\$ 60	\$ 50
Drop in per session	\$ 5 each or \$25 for 6 swims paid in advance	

For more information contact Beth Katterle: kattcando@hotmail.com, (440/331-4301)

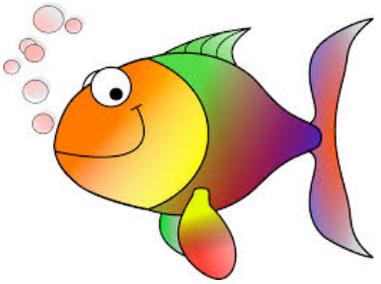
or Judi Norton (440)695-0695

No form needed if current information is already on file.

Please mail or drop off at practice the registration form below with your check,

payable to OHIO Masters,

to: Beth Katterle, 1292 Eriewood Drive, Rocky River, OH 44116



SUMMER 2016

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ Zip code: _____

Birth Date: _____ Age: _____

USMS Number: _____

Please check appropriate program below:

(pay in full by July 1, 2016)

_____ Full Program for the Summer \$125 \$100

_____ Two days a week for the summer \$ 94 \$ 75

_____ Full program for 1/2 of the summer \$ 94 \$ 75

_____ One practice per week for the summer \$ 60 \$ 50

_____ Drop in per session \$ 5

for those who have paid a workout fee with another USMS group

(i.e. have paid pool time at CSU, Orange, or local home club)

_____ Drop in per session \$ 8

for those who only have a USMS membership

(ex. have paid OHIO Masters membership, but haven't paid for regular pool or coaching fees as a regular part of a workout group)

_____ Drop in special : 6 swims for the price of 5 \$25 paid in advance

(For those who are OHIO Masters members but have an irregular schedule. You keep track of your swims. Transfers to indoor session if not used by Labor Day.)

Signature: _____ Date: _____

2016 Tryout / 7 Day Trial / Guest Membership Application

BOTH PAGES MUST BE COMPLETED AND SIGNED!

O*H*I*O Masters / U.S. Masters Swimming provides short-term guest memberships to prospective members who wish to “try out” a Masters swimming program, to participate in workouts or clinics only (NOT to swim in meets or open water race events).

- Tryout memberships are limited to one per lifetime.
- Tryout memberships are limited to 7 consecutive days in length.
- Tryout memberships are for workouts or clinics only.
- Tryout memberships cannot be used to participate in swim meets or open water race events.
- A Tryout membership provides secondary personal accident coverage to the participant while participating in the USMS activity.

To be completed by Participant (please print clearly):

Last Name		First Name		MI
Street Address				
City		State	Zip	Phone
Date of Birth (mm/dd/yy)	Age	Sex (circle) M F	E-mail address	
Club where you are participating (for workouts or clinics)				
Signature (required)		Today's Date (start date)		End Date (30 days after start date)

Instructions to Participant:

- 1) Fill out both pages of this form. Page 1 is the application; Page 2 is the participant waiver. Both pages must be signed and dated by the participant.
- 2) Give the completed forms to the Coach, Club Representative, or Event Director who is supervising the activity in which you are participating.

Instructions to Coach, Club Representative, or Event Director:

- 1) Confirm that the participant has filled out and signed both pages of the form.
- 2) Retain one copy of the form in your files for your state's applicable personal injury statute of limitations time period.
- 3) Mail the original signed and completed forms (both pages) to:

U.S. Masters Swimming
Attn: Membership Department
655 N. Tamiami Trail
Sarasota, FL 34236

Questions?
Email: Membership@usms.org

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	
<i>Revised 07/01/2014</i>				