



**2019 Pacific Northwest Masters
LCM Summer Meet
Saturday, July 6, 2019**

**Hosted by PNA Clubs and Workout Groups
Sanctioned by PNA for USMS Inc. #369-S006**

LOCATION: Weyerhaeuser King County Aquatic Center, 650
SW Campus Drive, Federal Way, WA 98023 206-296-4444

FACILITY: 50-meter championship pool set up as one-50m
course, with 9-ft wide lanes and a water depth range of 9'-
10.5' Continuous warm-up available in 7-lane, 25-yd dive
tank. The length of the competition course is in compliance
and on file with USMS in accordance with articles 105.1.7
and 107.2.1, but as a bulkhead course, is subject to length
confirmation. Eligibility of times for USMS Top 10 and
Records will be contingent on verification of bulkhead
placement.

TIMING SYSTEM: The primary timing system will be
automatic timing. Times may be submitted for USMS records
and USMS Top 10 consideration.

SCHEDULE: Warm-up 9:00-9:50am, meet starts 10 am

MEET DIRECTOR: Sally Dillon: salswmr@comcast.net
(360) 929-5358

MEET REFEREE: Dave Baer: dlbaer53@gmail.com

CONCESSIONS: KCAC vendor, available in lobby.

RULES: Current USMS rules will govern the meet. Strictly
forbidden: using hand paddles, fins or kick boards in warm-
up areas; diving in warm-up areas unless in designated
sprint lanes.

ELIGIBILITY: Open to all 2019 USMS or foreign registered
swimmers 18 and above as of 07/06/2019. Foreign
registered swimmers must provide a copy of their current
registration card. Age groups based on the swimmer's age
as of 12/31/2019. 18-24, 25-29... and up in 5-yr increments

ENTRIES: Swimmers may enter up to 6 individual events max.

- **Individual entries and Relay-Only Swimmers:** Entries
must be submitted online by 11:59 PM (Pacific)
Sunday, June 30, 2019 OR postmarked by Tuesday,
June 25, 2019

**NO INDIVIDUAL ENTRIES ACCEPTED AFTER SUNDAY JUNE
30TH, 2019 11:59 PM (PACIFIC TIME)**

SEEDING: All events seeded slow to fast. Pre-seeding except
for asterisked events, below.

POSITIVE CHECK-IN DEADLINES:

400 Free – 9:20am;

400 IM 9:20am;

800 Free: End of event #13

For positive check in events, swimmers must check in by the
deadline in order to be seeded. Swimmers who failed to
check in but still wish to swim may be inserted into open
lanes at the discretion of the referee.

RELAYS: Age groups (sum of ages): 72- 99, 100-119, 120-159,
160-199, 200-239, 240-279, ... (40-year increments as high as
necessary). The aggregate age of the four relay team
members determines the relay age group. Mixed relays
require two men and two women.

- Relays will be deck entered at the meet. Deck Entry
Relay entries due as follows:
 - #3-#4, #9: 10am,
 - #14-#15: by the end of event #7,
 - #21: by the end of event #16,

AWARDS: Medals may be purchased at meet.

ENTRY FEES: \$30.00 meet surcharge plus \$4 per individual
event. No charge for relays. Relay only swimmers pay
\$30.00 surcharge. PNA Swimmers who need financial
assistance for entry fees may request same from the [PNA
Wiggin Fund](#).

ONLINE ENTRIES: Enter online at:

[https://www.clubassistant.com/club/meet_information.cfm?c=1534
&smid=12024](https://www.clubassistant.com/club/meet_information.cfm?c=1534&smid=12024)

ENTRY QUESTIONS: [Linda Chapman:](#)

chapman_family@comcast.net

Order of Events - Saturday, July 6

1	400 Free*	12	100 Fly
2	400 IM*	13	50 Breast
3/4	W/M 200 Fr Rly*		--- Break ---
5	100 Back	14/15	W/M 200 Mdly Rly*
6	200 Free	16	50 Back
7	50 Fly	17	100 Free
8	200 Breast	18	200 Fly
	--- Break ---	19	100 Breast
9	Mxd 200 Fr Rly*	20	200 IM
10	200 Back	21	Mxd 200 Mdly Rly*
11	50 Free	22	800 Free*

DIRECTIONS: From North or South Bound I-5 take exit 142 B.
Proceed west on South 348th St for 2 miles. South 348th
changes to SW Campus Dr. at 1st Ave. The pool is on the
right.

5K ePostal Swim

5K postal swim opportunity: - immediately following the LCM
meet competition. 2-hour time limit to complete the
distance. \$20 per swimmer; must provide own
timer/counter. Priority seeding to PNA members who will
enter the 5K USMS National Championship ePostal event.

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PAPER ENTRIES: Complete this form, and waiver on following page, for a paper entry.

If using paper entry form, you must complete, sign and mail the USMS Waiver on the following page.

NAME: _____ M F AGE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE _____ Email _____
 BIRTHDATE: ____/____/____ USMS #: _____ - _____

Include a copy of your USMS Registration if not a PNA member

LMSC: (PNA, Oregon, Inland NW, etc.)	PNA Club: (UC36, BWAQ, PSM, ROCK)
Workout Group (if in a Workout Group that is a part of PSM)	

ENTRY LIMIT: 6 INDIVIDUAL EVENTS PLUS RELAYS

Event #	Event Name	Entry Time

ENTRY FEE:

SURCHARGE	\$30.00	
INDIVIDUAL EVENTS	+	\$4 Per Event
TOTAL	\$	

Make checks payable to **PNA**
 Mail to:
 PNA, c/o Linda Chapman
 17532 NE 142nd St.
 Redmond, WA 98052

Paper entries must be **postmarked** by Tuesday, June 25, 2019. All swimmers must have a valid 2019 USMS (or foreign) registration prior to meet entry or submit an application accompanying this entry.

Signature	Date
_____	_____
<input type="checkbox"/> Check box if this is your first Masters meet	

Emergency Contact: _____

Emergency Contact Phone: _____



**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