

Mid Summer Ocean Swim

Coordinated by the Ocean County YMCA and the Lavallette Beach Patrol
Sanctioned by New Jersey LMSC, Inc. for USMS, Inc. Sanction #: 079-OW001

Saturday, August 8, 2009



EVENTS:

- One-Mile Masters Championship (USMS Registered only)
- One-Mile Open Championship

Notes: T-Shirts provided to swimmers. Wetsuits permitted, but not eligible for awards.

Registration/Check-in: 7:00 - 7:45 am at the beach pavilion on Philadelphia Avenue and Ocean. You may register the morning of the swim but will not be guaranteed a t-shirt or gift bag. All competitors (or Parent/Guardian if under 18) must sign a liability release form at the time of event registration/check-in on day of the race.

Race Start: 8:00 am for Masters Race
8:10 am for Open Race

Course: Conducted in 60-70°F ocean course South-to-North or North-to-South, depending on race day conditions and determined by Race Director.

Timing: Electronic timing, courtesy of Compuscore, will be used. Each swimmer will wear an electronic timing chip on an ankle bracelet to automatically record their time.

Weather: Cancellation of the swim will be determined by the Lifeguard Captain in the event of bad weather or unsafe ocean conditions.

Fee(s): \$20.00 – Pre-registration (Must be received by July 30, 2009)
\$25.00 – Day of Swim
\$12.00 – One-Event USMS Registration available for unregistered swimmers interested in competing in the Masters Event. Forms available at time of registration/check-in.

Awards: Top 3 Male and Top 3 Female in each age group contested:
17&Under, 18-24, 25-29, 30-34, 35-39 ... 70-74, 75-79, 80+

Light Refreshments: Light refreshments will be served immediately after the swim.

Information: Janet Sellitto, Ocean County YMCA, 732.341.9622 x2214 or jsellitto@ocymca.org

Directions: Garden State Parkway to Exit 82 (Seaside Heights), Continue on Route 37 East over the bridge. Keep towards the left onto Route 35N. Continue on Route 35N to Philadelphia Ave., turn right towards the beach. Arrive early - local street parking is limited.

Beach Access: Beach access is no charge for the duration of the swim. If you wish to spend the remainder of the day on the beach, daily beach badges are obtainable. There are no public restrooms/showers available.



**U.S. MASTERS
SWIMMING**

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8:00AM Saturday, August 8, 2009

MASTERS SWIMMERS SIGN:

RELEASE OF LIABILITY BY PARTICIPANT: I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS. Finally, I specifically acknowledge that I am aware of all the risks in open water swimming and agree to assume those risks.

DATE _____ SIGNATURE _____

ALL SWIMMERS SIGN:

LIABILITY/PUBLICITY RELEASE: (failure to sign in with date will delay processing of your application.) Please accept my entry in the 2009 Mid Summer Mile Ocean Swim. I hereby state that I have conditioned myself to participate in this event. I myself, my executors, administrators and assignees, do hereby release and discharge the Ocean Swim Committee, Ocean County YMCA, Lavallette Beach Patrol, officials, sponsors and volunteers from any and/or all claims or liabilities from damages or injuries occasioned by my participation in the 2009 Ocean Swim. Further, I grant to all foregoing to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes.

DATE _____ SIGNATURE _____

Please Print

Please make checks payable to: Ocean County YMCA

Mail to: _____

T-Shirt: S M L XL Sex: M F Age on race day: _____

Last Name: _____ First Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Competing in: USMS Event OPEN Event *USMS Registration #: _____

*A copy of your USMS Registration Card is required to enter the USMS Event.



**U.S. MASTERS
SWIMMING**