

Open Water Clinic

Sunday, June 7, 2015

Forest Park Aquatic Center, Noblesville, Indiana

The Noblesville Adult Swim Team and Forest Park Aquatic Center will host an Open Water Swimming Clinic in beautiful Forest Park, Noblesville, IN. The clinic is open to beginners as well as experienced open water swimmers and is designed to develop skills and knowledge specific to racing in open water. Proceeds will go to the Friends of Central Pool, Inc., an Indiana Non-Profit 501(c)(3) corporation which operates the Forest Park Aquatic Center.

Dick Sidner, a USMS and ASCA certified coach and open water specialist will be joined by a league of local and experienced open water swimmers and coaches to deliver this engaging open water-specific curriculum.

The clinic will be delivered in one morning session with an optional session in Morse Reservoir immediately following a break for lunch.

Session One: Pool Open Water and Video Analysis - Forest Park Aquatic Center 8:00-11:00 AM. This session will develop proper form and incorporate training techniques designed to build your open water skill set during pool workouts. This session will include video analysis and group open water drills.

Lunch: Vegetarian or regular, provided by our sponsor – Maxlife Chiropractic.

Optional Session Two: Open Water – Morse Reservoir Noon to 1:30 PM. This session is limited to 20 swimmers. The optional session at Morse Reservoir will teach open water techniques, especially sighting, navigating buoys, beach and water starts and finishes and recommendations appropriate for short or long distance open water swims.

The cost to attend the clinic is \$40.00 (\$50.00 deck entry), limited to 40 participants. The optional session in Morse is an additional \$20.00 and is limited to 20 participants.

Registration Form
2015 Open Water Swim Clinic
Forest Park Aquatic Center, Noblesville, IN

Name (PLEASE PRINT): _____

Email: _____ Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Please attach copy of USMS card. Please circle sessions desired below.

Session 1. (Limited to 20) 8:00-11:00 AM, Forest Park Aquatic Center. \$40.

Session 2 (Optional & limited to 20), Morse Reservoir, 12:00 to 1:30 PM \$20.

TOTAL enclosed \$_____. Make checks payable to **Friends of Central Pool, Inc.**

Please return the form to, Dick Sidner, OW Clinic Director, 1510 Persimmon Pl., Noblesville, IN 46062, or deliver to Forest Park Aquatic Center, Main Office.

You are to be a member of USMS, or purchase a one day event registration. Contact: dsidner@gmail.com or call (317) 695-9885. Registration deadline is noon EST, 6/1/2015.

Deck entries may be accepted, if space permits, but will increase to \$50.

Please read and sign: AUTHORIZATION AND EVENT PROMOTION

I, the enrolled participant agree to be filmed, photographed, taped, quoted or otherwise mentioned (without compensation) by the Event Director (also known as Meet Director), or by anyone authorized by the Event Director. This includes but is not limited to the official and authorized photographers, writers, hosts, or sponsors of this event under the conditions authorized by the Event Director. I give the Event Director, and anyone authorized by the Event Director, the right to use (without compensation) my name, picture, likeness, quotes, and biographical information, whether audio or visual, before, during and after the period of my individual or team participation in this event. I will not promote third party sponsors, causes, or charities unless pre-approved by the Event Director. I understand that there will be no refunds given for any reason including event cancellation.

Swimmer's Signature: _____ Date: _____



**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	