

2012 USMS Speedo One Hour Postal

National Championship

at HealthWorks Fitness Center

Saturday January 21st at 7:30 am

HOW FAR CAN YOU
SWIM / WALK IN
ONE HOUR??



Objective: To swim/walk as far as possible in one hour. Walkers will be in the Lazy River with no added current, swimmers may split lanes. Some do the 1 hour postal for competition and others do it for fitness, ALL WHO WISH TO PARTICIPATE ARE WELCOME! (Must be over 18 yrs of age and USMS Registered for 2012) Event results (for swimmers only) are sent in electronically to compare with other swimmers doing the same event at other pools.

Rules: Each swimmer/walker must bring someone to count laps and record split times. Split Sheets will be filled out. The recorded distance (total yards swum) that is submitted determines the order of finish. If two or more swimmers report the same distance a tie will be declared. **Trophies will be given to the top finishing walker male and female and the top finishing swimmer male and female for 2 age groups: 18-45, and 46-up.** The swimmers age on the day of the swim determines the age group. Swimmers results will be entered electronically and will then be split into 5 year age groups for the postal. Drafting, floatation, and propulsion devices (pull bouys, fins, paddles, wet suits etc.) are not permitted. No more than 2 swimmers may split a lane. Walkers will walk in the lazy river with no added current. (Maximum of 12 Swimmers and 12 Walkers = 24 Participants). A Starter/head timer/referee will be present during the entire swim. Each swimmer must have a verifier (one verifier for no more than 2 swimmers at a time) to count laps and record cumulative splits every 50 yards (one lap/2 lengths). Distances are rounded down to the nearest 5 yard increment. Complete results will be available via the internet; preliminary swimmers results will be posted on the USMS website at www.usms.org by March 12th for 2 weeks. Final results will be posted approximately 1 week later. T-Shirts and caps are available to order.

Registration Form:

** Participants must also sign the waiver of liability on back of this form

Participant:

NAME _____ DOB _____ AGE _____ Male/Female

USMS ID _____ CLUB _____ NOT USMS??? _____

Walkers will not need USMS Membership.

PHONE _____ E-MAIL _____

ADDRESS _____

CITY / STATE / ZIP

Verifier:

NAME _____ AGE _____ WALKER / SWIMMER

PHONE _____ E-MAIL _____

FEES: *All fees are non-refundable. Make Checks payable to HealthWorks Fitness Center.*

Participant Fee **\$10 (Members)** **\$15 (NonMembers)**

**Swim Cap (Speedo Latex) \$7 _____

**Short Sleeve Black Performance Polyester \$21 (XXL + \$2) Female / Male Size _____

**Long Sleeve Black Performance Polyester \$23 (XXL + \$3) Unisex Size _____

If not USMS Registered: (Walkers do NOT have to be USMS Registered.)

USMS registration \$41

Office Use Only:

Cashier Directions: Each registrant must pay \$10. If they are not USMS members they will need to either register on their own or pay the \$41 to register through HFC. If they choose to buy caps or t-shirts those costs will need to be included. If they want to register and get a cap and a short sleeve XXL shirt and a long sleeve XXL shirt Then: 10 swimmer + 41 USMS + 7 cap + 23 ss- shirt + 26 ls - shirt = 107. A walker who doesn't want shirt/cap will pay \$10

HealthWorks MASTERS SWIMMERS:

Participate in our Adult Swimming Program! It includes USMS Membership, and coached workouts! If you have an interest in *Swimming Lessons, Motivation and Support, General Fitness, Triathlons, Swimming Competitions, Lap Swimming, or Meeting people with similar goals*, this program will help you get started:

Practices are held Tuesdays and Thursdays from 5:00 – 6:00 pm.

Register at the Front Desk! Registration and monthly fees apply.

Call Aquatics Department at 870-862-5442 ext. 40 or 13 for more information

USMS MEMBERSHIP BENEFITS:

Exclusive Information and Content; Subscription to SWIMMER magazine, Subscription to monthly e-newsletter, Opportunity to create your own blog on the usms.org website, Opportunity to create personal usms.org email forwarding address to identify yourself as a member and protect your own personal email address from spam, opportunity to track your fitness activities via personal online fitness logs, Liability and excess accident insurance for both medical and dental while participating in a U.S. Masters Swimming insured activities, Accidental death and disability coverage while participating in a U. S. Masters swimming insured activities. Opportunity to participate in events year round... and more!

HealthWorks Fitness Center 304 N Madison El Dorado AR, 71730

www.healthworksfitnesscenter.com

WAIVER OF LIABILITY AND INDEMNITY

I understand that in engaging in any physical activity or in the use of any part of the Center, I do so at my own risk. This includes, without limitation, my use of the locker rooms, pools, whirlpool, sauna, steam room, park area, sidewalk, exercise or any other equipment in the Center as well as my participation in any activity class, program or instruction. I agree that I am voluntarily participating in these activities and using these facilities and premises and assume all risk of personal injury, illness, including death and any damage or loss to me or my property that might result there from, including without limitations, any loss or theft of my property. For and in consideration of the use by me of the Center and its facilities and programs, I agree on behalf of my personal representatives, heirs, executors, administrators, agents and assigns to forever release, discharge, indemnity and hold harmless the Center and its directors, officers, employees, agents, representatives, successors and assigns from any and all loss, claims, demands damages, or causes of action, known and unknown, resulting from or arising out of my use of the Center and its facilities, equipment and programs. This Waiver of Liability and Indemnity includes injuries which may occur as a result of my use of any exercise equipment or facilities and my slipping and falling while in the Center or on the premises.

- (a) I acknowledge that I have carefully read the foregoing and fully understand that it is a waiver and release of liability and indemnity. I further understand that I am waiving any right that I may have to bring legal action to assert a claim against the center, and any and all questions were answered to my full satisfaction.
- (b) This is a continuing waiver and release of liability and indemnity and is binding upon all persons whose signatures appear below and shall apply to all subsequent uses of the center and its facilities and programs until revoked in writing by the undersigned:

USMS LIABILITY RELEASE: I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not otherwise been informed by a physician. I acknowledge that I am aware of all 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 INCEDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE 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.

** Signature

** Date.