



O\*H\*I\*O MASTERS SWIM CLUB  
(Old Hearts Inspiring Others)

Euclid High School with University Swim Club  
Spring & Summer 2018



**WORKOUTS** – Organized swim workouts and instruction for adult swimmers, including former competitive swimmers, triathletes, those looking to hop in the pool for the first time, or those just looking for a great workout! Workouts will provide conditioning, stroke drills, goal setting, and individualized instruction to all who wish to participate.

**COACHES** - Workouts are coached by Charlie Lownes of University Swim Club, a USA Swimming affiliated program on Cleveland's east side. Charlie has been the head coach of University Swim club since 1995 and has coached several swimmers ranked in the US Top 16 and one swimmer ranked in the Top 25 in the world.

**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](http://usms.org)) You may attend as a guest for one week before paying the membership fee (Paperwork attached).

**SCHEDULE:**

Spring (4/2-6/2):

T/H: 5:45 AM – 7:00 AM (Euclid High School)

M/W/F: 7:00 – 8:30 PM (Euclid High School)

Sat: 8:00 – 10:00 AM (University School)

Summer (6/4-8/11):

M-F: 6:00 – 8:00 AM (Mentor Civic)

T/H: 7:00 - 8:30 PM (Euclid High School)

Sat: 8:00 – 10:00 AM (University School)

**FACILITIES:**

Euclid High School Pool - 711 E 222<sup>nd</sup>, Euclid

Our main pool, the school is located conveniently right off of I-90 at the East 222<sup>nd</sup> St exit. Please enter and park at the North Entrance of the building and enter through "Doors 5: Athlete Entrance". The pool is immediately on your right.

University School, Hunting Valley - 2785 SOM Center Rd, Hunting Valley

Saturday workouts will be offered at the US pool. Located on 91 just south of Mayfield, the pool is through the first atrium at the end of the main campus drive.

Mentor Civic Center – 8500 Munson Rd, Mentor

Morning workouts over the summer will conducted with the USC club team at Mentor Civic Center.

**COSTS:**

15 Session Pass                      \$50 (12-sessions regardless of start/end date)

Single Practice Drop-in              \$5/practice

For more information contact Charlie Lownes at [SwimUSC@sbcglobal.net](mailto:SwimUSC@sbcglobal.net) or 216.392.3144

Please bring the registration form below with your check to practice. If you are a returning member no form is needed. Checks are payable to University Swim Club

## Spring & Summer 2018

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_

Zip code: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_

USMS Number: \_\_\_\_\_

### **Please check appropriate program below:**

\_\_\_\_ 15 session Pass                      \$50

\_\_\_\_ Single Practice Drop-in              \$5

Reminder: O\*H\*I\*O Masters and United States Masters registration must be done separately at USMS.org.  
Simply register for a USMS membership and select O\*H\*I\*O Masters as your affiliate club.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# 2017 - 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	Questions?
Attn: Membership Department	Email: <a href="mailto:Membership@usms.org">Membership@usms.org</a>
655 N. Tamiami Trail Sarasota, FL	
34236	

Page 1 – This form cannot be accepted without being accompanied by Page 2 waiver. Form revised 7/1/2014

**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