



<b>DATE &amp; TIME:</b>	<b>Sunday, July 26th, 2009</b> Check-in: 7:30–8:30am Race Instruction: 8:45am Race Start: <b>9:00am</b>	<b>LOCATION:</b> Kapalua Bay, Lower Honoapiilani Road, Next to the Kapalua Bay Hotel	
<b>AWARDS:</b>	Men & Women 10 & Under, 11-12, 13-14, 15-18, 19-24, etc. to 60+. Overall top male & female engraved on plaque at Upcountry Pool.	<b>COURSE &amp; DISTANCE:</b>	<b>Approx 1 mile.</b> The course goes straight out from <b>Kapalua Bay</b> and turns left to <b>Napili Bay &amp; back</b> . The Napili Bay section will be a triangle course, and then returns to Kapalua Bay.
<b>ENTRIES:</b>	\$15 postmarked by 7/18; \$20 after mail & payment to: <b>Maui Masters Swim Club</b> <b>PO Box 696</b> <b>Puunene, HI 96734</b>	<b>PARKING:</b>	Event parking available at parking lots on Lower Honoapiilani Road near the Kapalua Bay Hotel. Look for event parking signs on the morning of the race. <b>No parking available at Napili Kai and Kapalua Bay Hotel valet.</b>
<b>PROCEEDS:</b>	In remembrance of MMSC's past president Brian Boelter, net proceeds split btx MMSC & charity he'd support	<b>ESCORTS &amp; EQUIPMENT</b>	No hand paddles, fins or flotation gear permitted. Only goggles, face masks and/or snorkels are permitted. Course will be closed 60 minutes following the start. <b>Swim caps are requested, please bring your own.</b>
<b>INCLUDED:</b>	Awards for all ages. Post race refreshments.	<b>CONTACTS:</b>	Dave Rostetter (808) 572-6932 <a href="mailto:kapuaidaver@aol.com">kapuaidaver@aol.com</a> or Malcolm Cooper (808)280-4257 <a href="mailto:malcolmy@hawaii.rr.com">malcolmy@hawaii.rr.com</a> .
<b>SANCTION:</b>	<b>Hawaii Masters Swim Association for USMS</b> <b>#S399-OW009;</b> <b>USA Swimming</b> <b>#HI (pending)</b>	<b>ELIGIBILITY:</b>	All participants must be members in good standing with United States Masters Swimming, Inc. or USA Swimming, Inc. Swimmers 19 & over who are not registered can sign-up with USMS on race day. One year USMS membership (valid thru 12/31/09) is \$35. One day \$12.

<b>Name</b>				<b>USA/USMS#</b>	
<b>Address</b>	Street			<b>Birthdate</b>	
	City	State	Zip	<b>Race Age</b>	<b>Sex</b>
<b>Phone</b>	Home	Cell	(in case we need to contact race day)	<b>Last Open Water Swim</b>	
<b>Payment</b>	<b>Amount</b> _____			<b>email</b>	
	<b>Cash</b>	<b>Check</b>	<b>#</b>		

**WAIVER:** All swimmers must sign the appropriate liability waiver below in order to participate. If registered as an athlete member of both USMS and USA swimming, you may only swim for one indicated by your USMS/USA number above.

**USMS Waiver**  
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 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 inherent in open water swimming, and agree to assume those risks.

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

**USA Swimming Waiver** (Parent or legal guardian must also sign for swimmers under 18.)  
I hereby release USA Swimming, the Local Swimming Committee (LSC) and any other participating organization from any claims and damages received by me as a result of my participation in the race and furthermore, hold them harmless and indemnified from any damages. In addition, I agree to abide by and be governed by the rules of USA Swimming.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Parent of Guardian \_\_\_\_\_