Saturday, Sept 14 2019 - Angle Lake, Seatac, WA

Sponsored by Pacific Northwest Swimming, Blue Wave Aquatics, and Fife Area Swim Team Sanctioned by Pacific Northwest Swimming – Sanction No.

EVENT: The last open water swim of the 2019 season...

Swim one or two miles or 500 yards in Angle Lake, located about one mile south of Seatac Airport. The lake temperature averages in the high 60's in mid-September. Restrooms and changing areas are available.



LOCATION: Angle Lake Park

19408 International Blvd, Seatac,

WA 98148

RULES: Current USA swimming rules will govern this event. Swim attire is covered in US swimming rules & regulations.

RACE-DAY SCHEDULE (Sept 14, 2019):

8:30 – 9:30 am	Pre-Race Check-infor ALL races
9:45 am	Mandatory Meeting for ALL swimmers
10:10 am	Chip check-in and warmups
10:30 am	Start of 2 Mile Race
10:40 am	Start of 1 Mile Race
11:30 am	start of 9-12 500 race (as 2 mile swimmers clear
12:00 pm	Picnic and Awards

Meet Director: Wendy Neely wendymal@mac.com **Meet Referee**: Mike Murphy swimoff1@gmail.com

Independent Safety Monitor: Scott Lautman slautman@comcast.net

SAFETY: Swimmers will be marked with race numbers and be given a swim ticket for entry. Swimmers will not be allowed to enter the water without this ticket. Swimmers and coaches should review the safety plan at:

http://www.LastGaspofSummer.com/safety.aspx

QUESTIONS? http://www.LastGaspofSummer.com

AWARDS: Participation gift to all swimmers. 1st place award to the following winners:

Male & Female 500 sprint (12 & under)

Male & Female 1 Mile (11-12, 13-14, 15 & over)

Male & Female 2 Mile (13-14, 15 & over)

QUALIFICATIONS: Swimmers must have a 500 yards /400 meters free time verifiable in the SWIMS database that is faster than the times below:

9-10 year olds: 8:00 (yards), 7:15 (meters) 11-12 year olds: 7:00 (yards), 6:15 (meters)

To swim in the 1 or 2 mile races, swimmers must have a verifiable time in the SWIMS database that is faster than the times below:

500 yard freestyle: 6:30 400 meter freestyle: 5:45

ELIGIBILITY:

- Currently registered with United States Swimming & member of Pacific Northwest Swimming.
- Age Groups will be determined by age on race day.

REGISTRATION

TO REGISTER:

Fill out the attached registration form and liability release and mail it with payment to the address below by September 10th, 2019.

FEES: \$30

Blue Wave Aquatics PO Box 24083

Federal Way, WA 98093

Open water registrations are non-refundable and non-transferable

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DIRECTIONS:

From I-5: Take the South 188th St exit (#152); drive west 1 mile; turn left onto International Blvd (aka Pacific Highway South); drive south .5 miles; turn left on South 195th St into the park. Plenty of free parking.

195 th St into the park. Plenty of free parking.						
Mail Entry form below by September 10, 2019 to:						
Blue Wave Aquatics PO Box 24083 Federal Way, WA 98093						
First Name:	Middle Name:		Last Name:			
Birthdate:	Circle: Male/Female					
Team Name:						
Circle Distance Participating in: 500 yds (9-12 athletes only)		1 Mile	2 Mile			
Best 500 free time:		or Best 400 meter time:				
Swimmer's Phone #:		Contact E-Mail:				
Circle: Handler/Coach/Parent Name:		Handler/Coach/Parent Phone #:				
Contact E-Mail:						
THE FOLLOWING STATEMENT MUST BE SIGNED by a representative from the abovementioned club. I attest that all swimmers entered hereon are properly registered athlete members of USA Swimming, Inc						
Club Rep signature		Print Name:		Date:		

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Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

• • • • • • • • • • • • • • • • • • • •	lirectors, managers, employees, agents, other		I events, which are hereinafter referred to as the "activities." conducts ertisers; and owners, lessors and operators of premises utilized for the
ncluding losses which may result not only from my	y and/or my minor's own actions, inactions or no being conducted, and/or the rules of play of th	egligence, but also from the is type of event or activity.	d/or my minor's participation may involve risk of serious injury or deat actions, inactions, or negligence of others, the condition of the facilitie I understand that if I have any risk concerns, I should discuss the risk this document and before any activities begins.
	or participant may have or sustain with respect	to any and all damage and/o	d Parties, of and from, and do discharge and waive, any and all claim r injury, of any type, arising out of his or her participating in the activitiend effect.
(Print name of minor)	(Signature of minor)	(Date)	
demands, losses, damages, and liabilities that I ma agree that if any portion of this agreement is held to	y have or sustain with respect to any and all dar be invalid the balance, notwithstanding, shall of	mage and/or injury, of any typ continue in full force and effe	ed Parties, of and from, and do discharge and waive, any and all claim be, arising from my and or my minor's participation in the activities. I also ect. by: Furthermore, I agree to use my and/or my minor's personal medic
nsurance as a primary medical coverage payment			
(Print name of Parent/Guardian)	(Signature of parent)	(Date)	
contribution or otherwise with respect to any damag	ge and/or injury, of any type, arising from minor 's ands to all acts of negligence by the Released F	s participation in the activitie Parties and is intended to be	d all claims, demands, losses, damages and liabilities for indemnities. The undersigned also agrees that this Release and Waiver of Liabilities as broad and inclusive as is permitted by the laws of the State in which continue in full legal force and effect.
(Print name of Parent/Guardian)	(Signature of parent)	(Date)	

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