Turn up the HEAT @ Cleveland State University

Robert F. Busbey Natatorium, Cleveland State University, 2451 Euclid Avenue, Cleveland, OH 44115

AM Session:

Warm-ups will begin for all teams at 7:45 am.

See Team Lane Assignments listed below.

Deep end lanes 2-10 will be open for sprint starts at 8:10 am.

Shallow End-Lane 1 by bulkhead, Lane 10 by scoreboard	
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Lanes 1 - 7 HEAT Lane 8 GO + UVFYT+GLSS+SYMR Lanes 9 - 10 RYD Deep End

Lanes 1-2 LESD Lane 3 LESD+CSI Lanes 4 - 5 CLES

Lane 6 STRS

Lane 7 STRS+SHSH

Lane 8 CWW

Lane 9 CWW+MAC

Lane 10 USC

PM Session:

Warm-ups will not begin before 12:30 pm. See Afternoon Team Lane Assignments listed below. ALL Lanes in the Deep End will open for sprints after 30-minutes of general warm-up. Sprint Lanes will be open for 15 minutes

The afternoon session will begin at the conclusion of the 45-minute warm-up.

Lanes 1 - 6 HEAT
Lane 7 CLES
Lane 8 CLES+SYMR+UVFYT
Lane 9 GO
Lane 10 USC

Deep End

Lanes 1 - 2 LESD Lanes 3 - 4 STRS Lanes 5 - 6 RYD Lane 7 SHSH

Lane 8 SHSH+MAC

Lane 9 CSI Lane 10 CWW

Reminders & Important Information

- **Deck entries** will be accepted on a space-available basis only for both sessions.
- Clerk of course will be available for 10 and under events in the AM session only. Please have swimmers in events 2 & 3 report to Clerk of Course IMMEDIATELY following warm-ups.
- Both sessions of this meet are deck-seeded. All swimmers must circle in for all of their events. Circle-in sheets will be posted on the pool deck.
- We will conduct fly-over starts for both sessions.
- Please include signed CSU waiver forms (included in this meet information) for each athlete.
- **Parking**: CSU charges for event parking-estimated \$10/day. Parking lots are available at:
 - The corner of Chester Ave and East 22nd Street
 - Euclid Ave and East 24th St
 - o City of Cleveland meter parking all day Sunday on Chester Ave

Fine Design & Aquatic Outfitters will be on the main floor, offering meet T-shirts and swimming related items for sale.

Light concessions (provided by CSU) will be available on the main floor.

Cleveland State University Release and Waiver of Liability

State University and its Board of Trustees, officers, employ damages, losses, costs (including attorney's fees), actions participation in the above listed event and/or the use of C during this event, except to the extent such liabilities, der fees), actions and causes of action are attributable to the n officers, employees, or agents while acting within the coursection 2743.02. I also acknowledge that Cleveland State	, (the "event") I and assigns waive, release and forever discharge Cleveland ees and agents from any and all liabilities, demands, claims, and causes of action arising out of or in connection with my eveland State University facilities, furnishings, or equipment hands, claims, damages, losses, costs (excluding attorney's egligent actions of Cleveland State University or its Trustees, see of their employment, as set forth in Ohio Revised Code University and its Trustees, officers, employees and agents lness or accident to myself or others or damage to personal
	ion in this event involves many risks, including the risks of allowed to participate in the event listed above, I voluntarily onal injury arising from such participation.
• • • • • • • • • • • • • • • • • • • •	cipating in this event are not necessarily medically trained to uring this event. I release all such personnel from any claim during my participation in this event.
that I may incur as a result of participating in this event. I a	dequate medical and hospitalization insurance for any injuries ttest and verify that I am 18 years of age or older, that I have vn health problems or conditions that could prevent me from
IF APPLICANT IS LESS THAN 18 YEARS OF AGE, LIABILITY ON THE BACK OF THIS FORM MUST ALSO B	THE PARENT'S CONSENT, RELEASE AND WAIVER OF ECOMPLETED AND SIGNED.
Participant's Name (Please print)	Participant's Phone
Participant's Address I have read and fully understand the entire RELEASE AND V full understanding and voluntary acceptance of such RELEA	VAIVER OF LIABILITY and my signature below confirms my SE AND WAIVER OF LIABILITY.
Participant's Signature	 Date

Cleveland State University Parent's Consent, Release and Waiver of Liability

IF APPLICANT IS LESS THAN 18 YEARS OF AGE, BOTH SIDES OF THIS FORM MUST BE COMPLETED AND SIGNED.

I hereby give my consent for my minor child,				
(the "event please contact either of the following:	'). If my ch	ild becomes ill or is	injured while part	icipating in this event,
<u>Daytime</u>				
Name	Phone ()		-
Name	Phone ()		-
Evening				
Name	Phone ())		_
Name	Phone ()		_
treatment facility. I also release all such person to my child during participation in the event listed		ny claim whatsoev	er on account of t	irst aid or service rendered
I have read and fully understand the entire REI no known health problems or conditions and participation in the event listed above, I do he participation and do hereby also for and on be assigns waive, release and forever discharge C agents from any and all liabilities, demands, causes of action arising out of my child's particip	my consereby agree half of my cleveland Science of the contract of the contrac	ent to emergency to assume all the yself, my minor chi State University, its mages, losses, co	treatment. In core risks and resported, my heirs, exe Board of Trustee	nsideration for my child 's nsibilities surrounding such cutors, administrators and s, officers, employees, and
Parent's/Legal Guardian's Signature	D	ate		
Parent's/Legal Guardian's Name (please print)	() arent's/Legal Guard	dian's Phone	-

Parent's/Legal Guardian's Address