



Application for Sanction

Date: _____

I, _____, apply on behalf of _____
for a Sanction to hold an open swimming competition (), time trial (), exhibition (), swim-a-thon (), or a
clinic () at _____ on _____ (date).

Our sanction fee for

- Open Meet () \$50.00 (\$100.00 if after deadline date)
- Open meet with time trials () \$75.00
- Time Trials () \$50.00
- Squad or dual meet () \$25.00 (\$50.00 if after deadline date)

and a copy of the event information are included with this application.

In applying for this swim meet sanction, _____ (Club) agrees to comply and enforce
all health and safety mandates and guidelines of USA Swimming, Midwestern Swimming, the State of
_____ (State) and _____ (local jurisdiction – city and county).

Also included is a complete schedule of lanes and times for all warm-up procedures which must be adhered to
by all participants.

As a condition of obtaining such a sanction, I and the above organization which I represent agree to abide and
govern this event under the rules and regulations of USA Swimming, Inc. and Midwestern Swimming, Inc and all
other terms and conditions upon which this sanction may be granted. These terms specifically include all local
rules and regulations and those set forth in Article 202 of the current edition of USA Swimming Rules and
Regulations, with specific reference to Article 202.4.8 thereof, which provides that:

In granting this sanction it is understood and agreed that the USA Swimming shall be free from any liabilities or claims
for damages arising by reason of injuries to anyone during the conduct of the event.

Officials: Officials for this meet will be qualified persons as certified by USA Swimming and Midwestern
Swimming or any other LSC, and be a currently registered non-athlete member of USA Swimming. The Meet
Referee and the Administrative Official will be listed in the meet information and will be currently registered
non-athlete members of USA Swimming with current certifications as of the day of the meet.

Signed: _____
Club President Date

Signed: _____
Club Representative Date

Return sanction to: _____

Address: _____

City, State, Zip _____

Phone: _____

Email: _____

Mail Application to: Midwestern Swimming
1429 N Webster, Hastings NE 68901-2950
mwoffice@mws swim.org