



Diversity in Aquatics
HBCU Celebration Bowl Swim Meet
Saturday, December 14, 2024
Recognition No. 454-R003
Held Under the Recognition/Approval of USMS, Inc. & Georgia LMSC

Time: Saturday--Warm ups at 6:00 AM – 6:45 AM
Meet begins at 7:00 AM

Location: Morehouse College
Samuel H. Archer Hall Recreation and Fitness Center
James E. Haines Swimming Pool
887 Fair Street N.W.
Atlanta, GA 30314

The pool is a 6-lane SCY pool. The length of the competition course without a bulkhead is in compliance and on file with USMS in accordance with articles 105.1.7 and 106.2.1.

Eligibility: The meet is open to all persons 18 years and older as of **December 14, 2024**. USMS registration is required for your times to be uploaded to the USMS Results database. Registration will not be accepted at the meet. Be sure to include a copy of your USMS card with your entry.

Rules: 2024 USMS rules apply.

Events: **Max of 5 total events** = Max of 4 individual events / Max of 2 relays

Scoring: 16 Places Per event per age group per gender.
Unlimited scoring per team per event.

Age Groups: 18-24, 25-29, 30-34....70-79, 80-89. Events will be seeded NT by age. Heats will be combined, but scored separately.

Timing: A semi-automated timing system called Time-Drops will be used to capture times, project a scoreboard, and calculate scores. We will use 2 wireless buttons in each lane and all races will start from the deep end including 25s. Times will count toward USMS Top Ten.

Teams: Teams will be the HBCU teams and Fraternity/Sororities. Swimmers will be able to choose either/or but not both.

Fees / Registration: \$30 Entry fee will include entry into 5 events.

Register through your team page found at <https://www.diversityinaquatics.org/hbcu-swim-meet-registration-instructions>

Entry Deadline: Saturday, December 14th 6:00AM

Parking: Available at Brown Street SW, Atlanta, GA 30314.

Link to online Entry

<https://www.diversityinaquatics.org/hbcu-swim-meet-registration-instructions>

Direct questions to: brian@grownupswimming.com



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Entry Form

Name	Gender	Age	DOB
Address		Cell phone	
City		State	Zip
USMS#	Team	Email	

Circle event number and enter seed time if known

	EVENT	Gender	Seed Time
1	200y Medley Relay (Women)		
2	200y Medley Relay (Men)		
3	200y Medley Relay (Mixed)		
4	100y Breaststroke		
5	100y Freestyle		
6	100y Individual Medley		
	10-15min break		
7	50y Butterfly		
8	50y Backstroke		
9	50y Breaststroke		
10	50y Freestyle		
11	25y Butterfly		
12	25y Backstroke		
13	25y Breaststroke		
14	25y Freestyle		
15	200y Freestyle Relay (Women)		
16	200y Freestyle Relay (Men)		
17	200y Freestyle Relay (Mixed)		

Make checks payable to: Diversity In Aquatics Inc.

All events	\$30.00	\$
TOTAL Amount Enclosed		\$

Must sign USMS Liability Release on Back of Entry



PARTICIPANT WAIVER AND RELEASE OF LIABILITY

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/or 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, including the Code of Conduct and any safety regulations established by USMS. I accept sole responsibility for my own conduct and actions while participating in the Events.
4. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19, or other viral or bacterial infection, while participating in any of the Events, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I agree that if I have a fever, cough, feel short of breath, have any other symptoms, have knowingly been exposed to a communicable disease such as COVID-19 I agree not to participate in USMS activities for a minimum of 10 days from the date the symptoms started, until the symptoms have subsided or I have been cleared by a doctor. If I test positive for COVID-19 within 10 days following participation in a USMS activity, I will notify the USMS event director, coach or club administrator immediately.
5. 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.
6. 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.

Form with fields: Last Name, First Name, MI, Sex (M/F checkboxes), Date of Birth (mm/dd/yyyy), Street Address, City, State, Zip, Signature of Participant, Date Signed