



Georgia Masters Swimming
Collins Hill SCY Developmental Meet
Sunday, October 27, 2024
Sanction No. 454-R002
Held Under the Sanction/Approval of USMS, Inc. & Georgia LMSC

Time: Sunday--Warm ups at 9:00am. Meet begins at 9:30am.

Location: The Collins Hill Aquatic Center (770/237 5647), which is an 8-lane SCY pool, is located on Collins Hill Rd in Lawrenceville. 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.

Directions: From I 85, go EAST on the Suwanee Rd exit (Exit 111) toward Lawrenceville – you would turn RIGHT if you are going north on 85. Go to the next traffic light at Old Peachtree Rd (which is Horizon on the other side) and turn LEFT. Old Peachtree will actually continue right at the next traffic light. Keep following Old Peachtree until you intersect the traffic light at Collins Hill Rd. This is a T intersection only going RIGHT off Old Peachtree. Go one mile south through the traffic light at Taylor Rd and turn RIGHT into the Aquatic Center at the traffic light at the bottom of the hill.

Eligibility: The meet is open to all persons 18 years and older as of **October 27, 2024**. USMS registration is required. If you are not registered, your application can be accepted at the meet. Be sure to include a copy of your USMS card with your entry.

Rules: 2024 USMS rules apply.

Events: Swimmers may enter up to five events (not counting relays).

Awards: Ribbons will be awarded for 1st, 2nd, and 3rd places.

Timing: Hand-held stop watches will be used. Times from this competition **will not** be eligible for USMS Top 10 consideration, or USMS records.

Fees: \$20.00 for up to 5 events; \$5.00 surcharge for deck and late entries (received after **October 25**). \$1.00 surcharge for entries without 3 x 5 index cards. Make checks payable to **LISA WATSON**. Mail to:

Lisa Watson
804 Howell Court
Duluth, GA 30096
Phone #: (770) 497-1901

Lisa.watson@ung.edu

Entries: Indicate events desired on the entry form. Circle event # and provide seed time. Use NT for No Time. Please fill out a 3 x 5 index card for each event entered. Include name, age, sex, event number/name, and seed time. EXAMPLE:

Bob Kohmescher	76 M
Event #: 6	1:26
100 yard breast	
(please leave room for timers)	

Seeding: Entries received by **October 25** will be seeded. Women's heats will precede men's heats. Sexes may be combined for some heats. NTs will be placed in slower heats, except for the 400yd free, which is fast to slow.



Georgia Masters Swimming

Collins Hill “Veteran’s Day” SCY Developmental Meet

Sunday, October 27, 2024

Entry Form

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

Circle event number and enter seed time if known

Seed Time	EVENT	Seed Time	EVENT
	1. 500yd free/400yd IM		9. 200yd IM
	2. 50yd Breaststroke		10. 50yd Butterfly
	3. 100yd Backstroke		11. 100yd Freestyle
	4. 200yd Butterfly		12. 200yd Breaststroke
	5. 50yd Freestyle		13. 50yd Backstroke
	6. 100yd Breaststroke		14. 100yd Butterfly
	7. 200yd Backstroke		15. 100yd IM
	8. 25yd Choice		16. 200yd Freestyle
	9. Medley Relays		Freestyle Relay

This is a Category 1 Developmental Meet – Times will not count for Top Ten or Records

Make checks payable to LISA WATSON

All events	\$20.00	\$20.00
Late and Deck Entries	\$ 5.00	\$
No 3x5 index cards	\$ 1.00	\$
TOTAL Amount Enclosed		\$

Must sign USMS Liability Release on Back of Entry

PARTICIPANT WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

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 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”);

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.

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.

I agree to be familiar with and to abide by the Rules and Regulations established by USMS, including any safety regulations. I accept sole responsibility for my own conduct and actions while participating in the Events.

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.

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.

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.

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