

2024

28th Annual Fort Lauderdale Masters Challenge

Sanctioned by Florida Gold Coast Masters Swimming Committee for USMS, Inc.
(#504-S001)

DATE: February 17, 2024 Warm-up: 10:00am Meet: 11:00am
February 18, 2024 Warm-up: 8:00am 1650: 9:00am Meet: 11:00am**
(* Minimum 15 minute warm up period following 1650 conclusion)

POOL: Fort Lauderdale Aquatic Complex Phone: 954-828-6151
501 Seabreeze Boulevard MHendrick@FortLauderdale.gov
Fort Lauderdale, FL 33316 Blake Woodrow: blake.woodrow@gmail.com

COURSE: Eight (8) competition lanes, 25-yard course (moveable bulkhead - measured and confirmed as per USMS pool length certification & USMS record applications) pool. Additional Ten (10) lanes will be available for warm-up throughout competition.

TIMING SYSTEM: The primary timing system will be Omega automatic timing. Times can be submitted for USMS records and USMS Top 10 consideration.

ELIGIBILITY: Competitor must be at least 18 years to compete. Open to all 2024 USMS or foreign registered swimmers 18 and above as of 02/17/2024. Age groups are based on the swimmer's age as of 02/18/2024. Foreign registered swimmers need to provide proof of current registration with their country's federation.

RULES: 2024 USMS rules will govern this meet. Meet management reserves the right to adjust logistics in order to run an efficient meet.

BREAKS: 5 minute breaks will take place before relay events and 5 minute break after the "Mixed" relays. Breaks may be added by Meet Referee as necessary.

ENTRY FEES: \$40 Meet Fee plus \$5 per event. Competitors may enter up to a maximum of five (5) individual events per day. All events will be seeded "Slow to Fast" except for **500 Free will be seeded "Fast to Slow"**

ENTRY INFO: All Entry and registration fees are nonrefundable. All "Entries" must be received by February 12, 2024. Paper Entry form and payment, along with **A COPY OF YOUR 2024 USMS REGISTRATION CARD** should be mailed to:

MASTERS CHALLENGE
Swim Fort Lauderdale
501 Seabreeze Boulevard
Ft. Lauderdale, FL 33316

Checks Made Payable To:
SFTL Masters Booster Club

*Entry fees are nonrefundable

DISTANCE EVENTS: The 500 Free and the 1650 Free will be swum combined men & women.
"Positive Check-in required" for the 500 Free and 1650 Free.
You will need to provide an individual to serve as a lap counter.
Note: 1650 will be limited to 32 swimmers (4 heats) (Blanket 1000 Split request will be submitted)

POSITIVE CHECKIN: Deadlines: **500 Free** - 12:00p on Feb 17. **1650 Free** - 8:30am on Feb 18.

DECK ENTRIES: Permitted if lane available in meet program: Entry Fee \$50 (if not already in meet) + \$5 per event.

ONLINE ENTRY LINK: https://www.clubassistant.com/club/meet_information.cfm?c=156&smid=17928

AWARDS: Age Group Women's/Men's High Point Medals.
Participation Ribbons will be available as well as Tri-Fold cards for "Result labels".

RELAYS: Relay entries will be accepted on the deck up to 60 minutes prior to the start of the relays.
There is No **CHARGE** for each relay entered.

RESULTS:

Results will be sent to USMS for approval on Top 10 Ranking times and LMSC or Zone records. Non-USMS swimmers in the meet will NOT be approved and reported to these USMS rankings. Results will be available at the following: <https://www.gomotionapp.com/team/fgflac/page/mastersadults/meet-results>. Results will also be available on Meet Mobile.

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** OFFICIAL ENTRY FORM – Paper Version **

NAME: _____

BIRTHDATE: _____ AGE as of 2/18/2024: _____ SEX: W M

CLUB: _____ 2024 USMS #: _____

EMAIL: _____

Saturday, Feb 17

W/M Event	Entry Time	
1/2	400 IM	_____
3/4	200 Back	_____
5/6	50 Breast	_____
7/8	4 X 50 Med Rel	--- W/M ---
9/10	100 Free	_____
11/12	50 Back	_____
13/14	200 Breast	_____
15/16	100 Fly	_____
17	4 X 50 Free Rel	-- MIXED --
19	500 Free	_____

Sunday, February 18

W/M	Event	Entry Time
21	1650 Free**	_____
23/24	200 IM	_____
25/26	50 Free	_____
27/28	100 Back	_____
29/30	4 X 50 Free Rel	--- W/M ---
31/32	200 Fly	_____
33/34	100 Breast	_____
35/36	200 Free	_____
37/38	100 IM	_____
39/40	50 Fly	_____
41	4 X 50 Med Rel	-- MIXED --

***** Relays Enter at Meet

Fees (Select One):	Meet Fee.....\$40:	\$ 40.00
	Number of Individual Events ____ X \$5 =	\$ _____
	Total:	\$ _____

(RELAYS: entries due@ session)

**** The 1650 will be limited to the first 32 entries that are received (on line and hard copy). If your Paper Entry is received after the limit has been reach, you will be automatically put on the "1650 Waiting List" and will be notified via email.**



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");

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 established by USMS, including any safety regulations. 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.

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	

Revised 04/28/2022