## Flying Fish Heads Love your Swimmers Meet Sunday February 18<sup>th</sup> 2024 Hosted by: Flying Fish Heads Sanctioned by the Allegheny Mountain LMSC for USMS, Inc.

TYPE OF MEET: 25-yard timed finals.

DATE & TIME: Sunday February 18 2024 Warm-up: 7:30-8:30am Meet Start: 8:30 am

**FACILITY:** Fox Chapel High School 611 Field Club Road, Pittsburgh, PA 15238. Eight-lane, 25-yard pool. 3.5' to 12' deep. Six lanes will be used for the meet and one lane will be available for warmup during the meet.

**POOL LENGTH CERTIFICATION:** 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.

**TIMING SYSTEM:** Daktronics timing system with scoreboard and one stopwatch per lane as backup. The primary timing system will be automatic timing. Times may be submitted for USMS records and USMS Top 10 consideration.

**ELIGIBILITY:** Current USMS rules will govern the meet. All participants must be age 18 or older on the day of the meet and be currently-registered members of U.S. Masters Swimming. Foreign swimmers must provide proof of current membership in their country's Masters Swimming governing body.

ENTRY FEES: \$20.00 if registered in advance. \$30 for deck entry day of the meet.

**ENTRY LIMITS:** No limitations to number of events.

CHECK-IN: Swimmers are considered checked in for all individual events.

SEEDING: Times will be seeded Short Course Yards. No conversions by meet management. Please enter times for SCY.

SCRATCHES: No penalty for scratching on the block.

**RELAY ENTRIES:** Entries for relays will be due the morning of the session. Entry deadlines will be announced during warm-up sessions. Entries will be due by 8:00 am during warm-ups. Relays will be seeded after the deck entry deadline. For a relay to count toward USMS Top 10 times, no swimmer can swim more than one leg of a relay. Mixed relays must be two men and two women. All swimmers must be registered with the same club/team.

SCORING: No scoring

**AWARDS:** Ribbons 1<sup>st</sup> through 3<sup>rd</sup> places.

INFORMATION: Official website: https://www.flyingfishheads.org/february-meet

**ENTRY DEADLINE**: All individual entries must be sent via the electronic registration form (<u>https://www.flyingfishheads.org/february-meet</u>) by Midnight Thursday February 15<sup>th</sup> 2024. Deck entries may be accepted depending on space - please reach out to the meet director if the deadline is missed. The liability release must be signed without alterations.

MEET DIRECTOR: Michael Kristufek email at coachmikek@mlacswimming.com

**EMAILED ENTRIES:** No emailed entries accepted. Entrants must complete the registration form. <u>https://www.flyingfishheads.org/february-meet</u>

## Flying Fish Heads Love your Swimmers Meet Sunday February 18<sup>th</sup> 2024

| Full Name                 | Sex      | Current USMS # |
|---------------------------|----------|----------------|
| Address, City, State, Zip |          |                |
| Birthdate / / Age on 2/1  | 8/2024US | MS Club        |
| Phone                     | Email    |                |

## Enter your seed times or "NT" (No Time) for your events.

| #     | Event                  | Seed Time | #     | Event                                | Seed Time |
|-------|------------------------|-----------|-------|--------------------------------------|-----------|
| 1     | 200 Medley Relay mixed |           | 15-16 | 100 Individual Medley                |           |
| 2     | 200 Freestyle mixed    |           | 17    | 200 Free Relay mixed                 |           |
| 3-4   | 100 Breaststroke       |           | 18-19 | 100 Backstroke                       |           |
| 5-6   | 50 Freestyle           |           | 20-21 | 50 Breaststroke                      |           |
| 7     | 200 Backstroke mixed   |           | 22    | 200 Butterfly mixed                  |           |
|       | 10-minute break        |           |       | 10-minute break                      |           |
| 8-9   | 50 Backstroke          |           | 23-24 | 50 Butterfly                         |           |
| 10-11 | 100 Butterfly          |           | 25    | 200 Individual Medley mixed          |           |
| 12    | 200 Breaststroke mixed |           | 26    | 200 Swim with choice of gear - mixed |           |
| 13-14 | 100 Freestyle          |           | 27    | 500 Freestyle mixed                  |           |
|       |                        |           | 28    | 400 Individual Medley mixed          |           |

Read the information sheet carefully. All Masters swimmers may be asked to show their USMS cards, if requested, at the meet. Incomplete entries (no fee, no copy of USMS card, incomplete entry card) or late entries (received after the deadline) MAY BE REJECTED!

YOU MUST SIGN THE USMS LIABILITY WAIVER ON THE NEXT PAGE AND MAIL IT WITH THIS ENTRY FORM to <u>Flyingfishheads@gmail.com</u> Subject heading: FFH MEET USMS Liability Waiver



## 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/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");

- 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 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 <u>Code of Conduct</u> 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.

| Last Name                        | First Name | МІ | Sex (check | ) Date of Birth (mm/dd/yyyy) |
|----------------------------------|------------|----|------------|------------------------------|
| Street Address, City, State, Zip |            |    | M F        |                              |
| Signature of Participant         |            |    | D          | ate Signed                   |
|                                  |            |    |            | 0                            |
|                                  |            |    |            | Revised 09/21/20             |

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