



**15<sup>th</sup> Annual UVAC Leaf Peepers Masters Meet**  
**Sunday, October 27, 2024**  
**Upper Valley Aquatic Center, White River Junction, Vermont**  
Sanctioned by New England LMSC for USMS Inc. Sanction #024-xxx

**LOCATION:** Upper Valley Aquatic Center (UVAC) at 100 Arboretum Lane, White River Junction, Vermont 05001

**COURSE:** The UVAC competition pool has eleven 7-foot-wide, 25-yard lanes, with non-turbulent lane lines. Minimum pool depth is seven feet. A wide gutter is flush with the water for easier exit from the pool. A ladder is also available.

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.

**WARM-UP:** Warm-up starts at 9:30 am; Deck entries must be in by 9:45 am. No deck entries will be accepted after this time.

**COMPETITION START TIME:** Meet start time is 10:30 am. Anticipated end time is before 2:00 pm.

**CONTINUOUS WARM-UP AND WARM-DOWN SPACE:** Two or three of the eleven lanes will be used as warm-up/warm-down lanes throughout the meet. One more left will be left empty to serve as a buffer from the competition lanes.

**TIMING SYSTEM:** The primary timing system will be automatic timing. Times from this competition will be eligible for USMS records and Top 10 consideration, but not for world records.

**MEET MANAGEMENT PERSONNEL**

<b>Meet Director/Entry Chair</b>	Mary Gentry	<a href="mailto:uvraysmasters@gmail.com">uvraysmasters@gmail.com</a>	802-369-9289
<b>Co Meet Director</b>	Barbara Hummel	<a href="mailto:bhummel@uvacswim.org">bhummel@uvacswim.org</a>	
<b>Meet Referee</b>	Laura Lewis	<a href="mailto:laura@thelewisfamily.net">laura@thelewisfamily.net</a>	

**RULES AND ELIGIBILITY:** Current USMS rules will govern the meet. All participants must be age 18 or older as of the last day of the meet and be currently registered (2024) members of U.S. Masters Swimming. Foreign swimmers must provide proof of current membership in their country's Master Swimming governing body. Check for your current 2024 USMS number from your online USMS account at [Get USMS Membership Number](#). Online USMS membership registration is available at <https://www.usms.org/join-usms/join-or-renew>.

**AGE DETERMINATION DATE:** Age is based on age on 10/27/24

**ENTRY PROCEDURE AND ENTRY URL:** Complete the entry form and waiver at the end of this document. This form is also available at: [15th Annual Leaf Peepers Meet Info and Entry](#)

**ENTRY DEADLINE:** Entries must be RECEIVED by Wednesday, October 23 to qualify for the reduced fee. No telephone entries will be accepted. Fill in all personal contact information on entry form to enable us to contact you to resolve an entry problem. Include meet entry fee payment, completed entry form, and make sure your USMS membership number is legible (No need to send a copy of your card this year). To find your number, go to [https://www.clubassistant.com/club/forgot\\_usms\\_number.cfm](https://www.clubassistant.com/club/forgot_usms_number.cfm)

**ENTRY LIMITS** Swimmers are permitted to enter a MAXIMUM of five (5) individual events

**ENTRY FEE** - \$35/person for up to 5 individual events (for entries received by October 23, 2024). Late entries and/or deck entries are \$45. Please make check or money order payable to UVAC MASTERS. Checks will not be processed until after the meet. Checks will be voided if a swimmer is unable to attend.

**MAIL ENTRY TO:**

Mary Gentry  
193 Stonecrest Ave  
White River Junction, VT 05001

If entry is mailed using overnight services  
please check that a signature is NOT required.

**ORDER OF EVENTS –**

- #1 200 Yard Butterfly
- #2 100 Yard Freestyle
- #3 50 Yard Backstroke
- #4 200 Yard IM
- #5 25 Yard Breaststroke
- #6 25 Yard Freestyle
- #7 200 Yard Backstroke
- #8 50 Yard Butterfly
- #9 100 Yard Breaststroke
- #10 500 Yard Freestyle
- 10 minute break after 500 free
- #11 100 Yard Backstroke
- #12 50 Yard Freestyle
- #13 200 Yard Breaststroke
- #14 100 Yard IM
- #15 25 Yard Butterfly
- #16 25 Yard Backstroke
- #17 200 Yard Freestyle
- #18 100 Yard Butterfly
- #19 50 Yard Breaststroke
- #20 400 Yard IM

**SEEDING:** Swimmers will be seeded in heats according to times regardless of age or gender. Heats will run slowest to fastest.

**LOCATION OF HEAT SHEETS:** Heat sheets will be posted around the pool deck.

**LOCATION OF RESULTS:** Results will be posted on the pool deck and a pdf mailed to all participants after the meet.

**SCORING:** This meet will not be scored

**AWARDS –** Baked goods awards for all participants - yum!

**RESTRICTIONS ON CAMERAS AND VIDEO –** No photos or videos may be taken from any angle behind the blocks. Phones and cameras cannot be used in the locker rooms.

**PARKING** is available on site for free.



# 15<sup>th</sup> Annual Leaf Peepers Masters Meet at UVAC

Sunday, October 27, 2024

Sanctioned by New England LMSC for USMS Inc. #024-xxxx

## INDIVIDUAL ENTRY FORM

Entries due: October 23, 2024 for the \$35/meet fee. Entries received after that date or deck entered the day of the meet are \$45/meet.

Please print clearly. Include all contact information in case we need to reach you to resolve a discrepancy. Make sure your 2024 USMS registration number is legible. All events seeded by time slow to fast regardless of age or gender. Enter a maximum of 5 individual events with short-course yards times.

EVENT	ENTRY TIME	EVENT	ENTRY TIME
#1 200 Yard Butterfly	_____	#11 100 Yard Backstroke	_____
#2 100 Yard Freestyle	_____	#12 50 Yard Freestyle	_____
#3 50 Yard Backstroke	_____	#13 200 Yard Breaststroke	_____
#4 200 Yard IM	_____	14 100 Yard IM	_____
#5 25 Yard Breaststroke	_____	#15 25 Yard Butterfly	_____
#6 25 Yard Freestyle	_____	#16 25 Yard Backstroke	_____
#7 200 Yard Backstroke	_____	#17 200 Yard Freestyle	_____
#8 50 Yard Butterfly	_____	#18 100 Yard Butterfly	_____
#9 100 Yard Breaststroke	_____	#19 50 Yard Breaststroke	_____
#10 500 Yard Freestyle	_____	#20 400 Yard IM	_____

10-minute break after #10, the 500 Free

Warm-up 9:30 am; meet start 10:30 am. Anticipated end time is before 2:00 pm. Deck entries must be in by 9:45 am. No deck entries will be accepted after this time.

**Please sign and include the USMS Release of Liability form on the next page.**

PRINT NAME: \_\_\_\_\_  
as your name appears on your USMS card

CITY/STATE/ZIP: \_\_\_\_\_ GENDER (circle one): Male / Female  
As identified with USMS

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ mm/dd/yy AGE on 10/27/24: \_\_\_\_\_

USMS # \_\_\_\_\_ (please write legibly – find number at [Get USMS Membership Number](#))

LMSC (e.g., NE, AD): \_\_\_\_\_ WORKOUT GROUP/CLUB (e.g., UV Rays): \_\_\_\_\_

FEES: \$35/person for up to 5 events if submitted by 10/23/24 (\$45/person for late entries or deck entries)  
**Make checks payable to UVAC Masters**

SEND ENTRY FORM, ENTRY FEE, AND SIGNED WAIVER TO:

Mary Gentry  
193 Stonecrest Ave  
White River Junction, VT 05001

802/369-9289

[UVRaysMasters@gmail.com](mailto:UVRaysMasters@gmail.com)



## 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