

2024 Fort Lauderdale Fall Classic

Sanctioned by Florida Gold Coast Masters Swimming Committee for USMS, Inc.

Sanction #: 504-S003

- DATE:** Sat., November 16, 2024 Warm-up: 9:00am Meet: 10:00am
Sun., November 17, 2024 Warm-up: 9:00am Meet: 10:00am
- POOL:** Fort Lauderdale Aquatic Center Meet Director: Blake Woodrow
501 Seabreeze Blvd. blake.woodrow@gmail.com
Fort Lauderdale, FL 33316 Phone: 954-828-6151
- COURSE:** Eight (8) Lane, 25 meter course with Omega timing. Additional lanes available for warm-up throughout the competition. * Ten (10) Lane course may be used depending on timeline. The length of the competition course is in compliance and on file with USMS in accordance with articles 105.1.7 and 106.2.1, but as a bulkhead course, is subject to length confirmation. Eligibility of times for USMS Top 10 and records will be contingent on verification of bulkhead placement.
- TIMING SYSTEM:** The primary timing system will be Omega automatic timing. Times can be submitted for USMS records and USMS Top 10 consideration.
- ELIGIBILITY:** Current USMS rules will govern. Age determined as of December 31, 2024. All athletes must be 18 years of age or older as of December 3, 2024 and registered with U.S. Masters Swimming. Members of foreign (non-USMS) swimming federations may participate but must provide proof of membership in their country's swimming federation.
- RULES:** 2024 USMS rules will govern this event. Meet management reserves the right to adjust logistics in order to run an efficient event.
- BREAKS:** There will be a 5-minute break prior to each relay event and a 5-minute break following each mixed relay event.
- ENTRY FEES:** Meet Fee: \$40, plus \$5 per Event. Entry and registration fees are nonrefundable. All "Entries" must be received by November 12, 2024. Paper Entry form and payment, along with **A COPY OF YOUR 2024 USMS REGISTRATION CARD** should be mailed to:
- 2024 Fort Lauderdale Fall Classic**
Fort Lauderdale Aquatic Center
501 Seabreeze Boulevard
Ft. Lauderdale, FL 33316

Checks Made Payable To:
SFTL Masters Booster Club

*Entry fees are nonrefundable
- ENTRY INFO:** Competitors may enter up to a maximum of five (5) individual events per day. **Note: 1500 limited to first 24 online entries. Entry time cut-off is 40 minutes.**
- DISTANCE EVENTS:** 800/1500 meters events will be swum combined men and women.
"Positive Check-in required" for the 800 Free and 1500 Free.
Check-In Deadline: Saturday: 800 Free-30 minutes prior to projected swim, Sunday: 1500 Free-9:30am
You will need to provide an individual to serve as a lap counter.
- SEEDING:** Events will be seeded "Slowest to Fastest." 800 Free will be swum "Fastest to Slowest"

DECK ENTRIES: Deck entries will be accepted on the day of the event up to 1 hour prior to the start of the session for an added charge. Entries are only permitted in open lanes-no new heats will be added. **“\$50 Entry Fee” if not already entered in the meet plus \$10 per event.**

ONLINE ENTRY LINK: https://www.clubassistant.com/club/meet_information.cfm?c=156&smid=18895

AWARDS: **Participation** Ribbons will be available as well as Tri-Fold cards will be provided for the placement of Award Labels as a race record for all. Male/Female Age Group High Point will be awarded.

RELAYS: Relay entries will be accepted on the deck up to 60 minutes prior to the start of the relays. There will be **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 PAPER ENTRY FORM ****

NAME: _____

PHONE: _____

EMAIL: _____

CLUB NAME / USMS #: _____

Saturday, November 16

W/M/Mixed	Event	Entry Time
1/2	400 Free	_____
3/4	200 Back	_____
5/6	50 Breast	_____
7/8	4x50 Med Relay	*****
9/10	100 Free	_____
11/12	50 Back	_____
13/14	200 Breast	_____
15/16	100 Fly	_____
-/-/17	4x50 Mixed FR Rel	*****
19/20	400 IM	_____
-/-/21	800 MIXED FREE	_____

Sunday, November 17

W/M/Mixed	Event	Entry Time
-/-/23	1500 MIXED FREE	_____
25/26	200 IM	_____
27/28	50 Free	_____
29/30	100 Back	_____
31/32	4x50 FR Relay	*****
33/34	200 Fly	_____
35/36	100 Breast	_____
37/38	200 Free	_____
39/40	50 Fly	_____
41/42	100 IM	_____
-/-/43	4x50 Mixed Med Rel	*****

***** Relays to be entered at Meet Mixed Relay (2 Women/2 Men)

All Relays are 4 X 50.

Meet Fee	\$40:	\$ 40.00
Number of Individual Events _____	X \$5 =	\$ _____
Total:		\$ _____



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 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.
5. 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/yy)
Street Address, City, State, Zip				
Signature of Participant			Date Signed	

Revised 07/01/2014