

Sanctioned by Utah Masters for USMS, Inc. Sanction #XX-XXx

## 18th Annual SDRC Masters Swim Meet



**Meet Director:** Aaron Norton (801)821-0953 norton\_aaron@yahoo.com

**Facility:** South Davis Recreation Center is a 10 Lane 25 yard pool.

**Location:** 550 North 200 West, Bountiful, UT 84010 Phone: 801-298-6220

**Directions:** From SLC take I-15 north to the 400 North Exit in Bountiful. Take exit and go east. Turn left on 200 West and South Davis Recreation Center is located on the right.

**Sign up:** Sign up on ClubAssistant.com

**Meet Conduct:** 2024 USMS Rules will govern conduct of this meet. See USMS website for the rules.

**Eligibility:** All swimmers must be registered with USMS. If you do NOT have an annual membership card, the USMS one time swim meet event registration will be \$20.

**Age Group Classification:** According to Rule 102.2, your age group classification is determined by your age as of November 9, 2024 (The day of the meet).

**Entry Fee:** \$50 fee for this meet for USMS members. Non-USMS members have three options:

1. Register online with USMS on your own (preferred method). Go to <http://www.usms.org/reg/> to register. Then return here and enter your new USMS membership number.

2. If you do not want to pay for a yearly membership, an additional \$20 will be charged for one day event insurance with USMS. Be aware that any world records set at the meet will be void. FINA requires all records be set by swimmers that are associated with a recognized club (even if it is an "UNAT"tached club) and to be associated with a club required annual membership.

**Relay Age Groups:** 18+, 25+, 35+, 45+, 55+, 65+, 75+, 85+, 95+... (10-year increments as high as is necessary). The age of the youngest relay team member shall determine the age group. All relays will be mixed relays with only 2 men and 2 women.

**Seeding:** All events will be timed finals with heats seeded by time, slowest to fastest. Genders will swim together (mixed).

**Please note:** Participants may only swim 7 events total: 5 individual events, and 2 relay events.

**Records:** Swimmers attempting to set records during the meet should notify the Starter to assure that three official timers will be present.

**Heats:** Heat sheets will be posted around the deck. Swimmers who miss their heats may not swim in another heat unless successfully protested to Meet Director and Referee. Swimmers without seed times may be placed in the slowest (earliest) heats.

#### **TIMING SYSTEM:**

The primary timing system will be automatic timing (Colorado Timing System). Times may be submitted for USMS records and USMS Top 10 consideration.

**Registration:** Online registration at [ClubAssistant.com](http://ClubAssistant.com).

**Last Day to register online:** November 7, 2024.

**Same Day Deck Entries:** Not allowed.

**Warmup/Cooldown:** Saturday, November 9, 2024

**Session I:** 1650/400 IM: warmups start at 6:30 am. **Session begins at 7:00am.**

**Session II:** General Warm Up, 8:00am. **Session begins 9am.**

Warmup/Cooldown will be conducted in the 5 lanes north of the bulkhead.

**Relays:** Swimmers must be entered in the meet to swim on relays and must be registered with the same USMS registered club. Relay cards may be obtained at the relay card pickup table and at the meet check-in. Relay cards are due at the beginning of Session II.

#### **POOL LENGTH VERIFICATION:**

The length of the competition course is in compliance and on file with USMS in accordance with

articles 105.1.7 and 107.2.1, but as a bulkhead course, is subject to length confirmation. Measurements will be taken before and after each session of the meet. Eligibility of times for USMS Top 10 and records will be contingent on verification of bulkhead.



## **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");

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, including the [Code of Conduct](#) 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	MI	Sex (circle) M    F	Date of Birth (mm/dd/yyyy)
Street Address, City, State, Zip				
Signature of Participant			Date Signed	

**Revised 09/21/2023**