Texas Ford Aquatics Heat Wave

Hosted by Texas Ford Aquatics Masters and the Frisco Masters Booster Club

Saturday, July 9 and Sunday July 10, 2022.

Saturday July 9: Warm-Up 1:00 pm Meet Starts 2:00 pm

Sunday July 10: Warm- Up 9:00 am Meet Starts 10:00 am

July Heat Wave Meet - LCM - Hosted by Texas Ford Aquatics and the Frisco Masters Booster Club



Sanctioned by the North Texas Local Masters Swimming Committee for USMS Inc. Sanction number:

POOL

Texas Ford Aquatics 8353 Legacy Dr. Frisco, TX 75034

CONTACT

Website: www.texasfordaquatics.com

Meet Director: Collette Hughes, coachcollette@texasfordaquatics.com

Meet Referee: Bob Lang, dogmatic.lang@gmail.com

COURSE

Six (6) 50 Meter lanes with Colorado timing.

Two (2) 50 Meter lanes will be available for warmup and cool-down throughout the competition. 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.

ELIGIBILITY

All participants must be registered with USMS or a current member of a FINA-recognized national governing body for Masters swimming (article 202.1) and at least 18 years of age as of July 9, 2022. Swimmers turning 18 after the meet entry deadline and by July 9, 2022 must enter the meet by the meet entry deadline and register for USMS before warm up starts. Age to be determined as of July 9, 2022.

RULES

2022 USMS rules will govern this meet. Meet management reserves the right to adjust logistics in order to run an efficient meet.

BREAKS

A 10-minute break will take place after event 8 and event 14. Breaks may be added or removed by the Meet Referee.

ENTRIES

Competitors may enter up to a maximum of six (6) individual events and (2) relay events. All relays will be pre-seeded. There will be NO DECK ENTRIES. Online meet entry is paid by credit card to ClubAssistant.com Events. Online entry closes at 11:59 pm Central time on June 30, 2022. Events will be seeded slowest to fastest.

DECK ENTRIES

Deck entries will not be accepted.

ENTRY FEES

Swim Meet fee is \$45.00. All Entry and registration fees are non-refundable.

PARKING

Free parking is available at TFA. One way traffic only counter-clockwise around the facility. Please do not park in the Public Storage lot, you will be towed.

AWARDS

Cards will be provided for the placement of Award Labels as a race record for all.

RESULTS

Results will be available USMS.org and sent via email to participants.

EVENT HOST

The amazing staff and volunteers of Texas Ford Aquatics and the Frisco Masters Booster Club.

SEEDING

The meet will be seeded slowest to fastest.

Saturday July 9, 2022 Warm-Ups 1pm Meet Start 2:00pm

#	Sex	Event
1	Women	400 M Free Relay
2	Men	400 M Free Relay
3	Mixed	400 M Free Relay
4	Mixed	200 M Fly
5	Mixed	100 M Free
6	Mixed	50 M Breast
7	Mixed	200 MIM
8	Mixed	100 M Back
9	Mixed	50 MFly
10	Mixed	200 M Breast
11	Mixed	400 M Free
13	Women	400 M IM Relay
14	Men	400 M IM Relay
13	Mixed	400 M IM Relay

Sunday, July 10, 2022 Warm-up 9:00 am Meet Start 10:00 am

#	Sex		Event
9	Women	800 M	Free Relay
10	Men	800 M	Free Relay
11	Mixed	800 M	Free Relay
12	Mixed	400 M	IM
13	Mixed	50 M	Back
14	Mixed	100 M	Breast
15	Mixed	200 M	Free
16	Mixed	100 M	Fly
17	Mixed	200 M	Back
18	Mixed	50 M	Free
19	Mixed	800 M	Free

Note: If paying by credit card, your credit card statement will reflect a charge from "ClubAssistant.com Events."



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 or have traveled to or from a highly impacted area, I will not attend an Event for at least two weeks after exposure or symptoms have subsided or I have returned from a highly impacted area. In addition, if I discover I have been exposed to a suspected or positive case of COVID-19 or have tested positive for COVID-19, I will notify the USMS 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)		Date of Birth (mm/dd/yy)
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			M	F	
Street Address, City, State, Zip					
Signature of Participant				Date	e Signed

Revised 5/26/2020



USMS COVID-19 Attendee Screening Form

The following form is based on CDC guidance and must be completed by all attendees (swimmers, volunteers, officials, and facility staff) in the 24 hours prior to the event and submitted prior to entering the facility. If the answer to any of these questions is yes, the participant shall not attend the event unless clearance is given by their medical provider.

Name Signature In the past 48 hours, have you had any of the following symptoms? Yes No Fever of 100.4 F (38 C) or above Yes No Trouble breathing, shortness of breath, or severe wheezing Yes No Kolls or repeated shaking with chills Yes No Loss of sense of smell or taste, or a change in taste Yes No Nausea, vomiting, or diarrhea Yes No Within the past 14 days, have you been in close proximity (6 feet or closer for a cumulative total of 15 minutes) to any individual who tested positive for COVID-19 or has symptoms consistent with COVID-19? Yes No Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19 test?							
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Yes No Fever of 100.4 F (38 C) or above Yes No Cough Yes No Trouble breathing, shortness of breath, or severe wheezing Yes No Muscle aches Yes No Chills or repeated shaking with chills Yes No Sore throat Yes No Loss of sense of smell or taste, or a change in taste Yes No Headache Yes No Nausea, vomiting, or diarrhea Yes No Within the past 14 days, have you been in close proximity (6 feet or closer for a cumulative total of 15 minutes) to any individual who tested positive for COVID-19 or has symptoms consistent with COVID-19? Yes No Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?			Temperature				
Yes No Fever of 100.4 F (38 C) or above Yes No Cough Yes No Trouble breathing, shortness of breath, or severe wheezing Yes No Muscle aches Yes No Chills or repeated shaking with chills Yes No Sore throat Yes No Loss of sense of smell or taste, or a change in taste Yes No Headache Yes No Nausea, vomiting, or diarrhea Yes No Within the past 14 days, have you been in close proximity (6 feet or closer for a cumulative total of 15 minutes) to any individual who tested positive for COVID-19 or has symptoms consistent with COVID-19? Yes No Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?							
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are worried that you may be sick with COVID-19?	Yes No No	minutes) to any individual who tested positive for COVID-19 or has symptoms consistent with COVID-					
Yes No Are you currently waiting on the results of a COVID-19 test?	Yes No No						
	Yes No No	Are you currently waiting on the results of a COVID-19 test?					

The event host shall keep all original USMS COVID-19 Attendee Screening Forms for no less than 90 days following the completion of the event or until directed by USMS to dispose of them.