

## 2015 GLENS FALLS SWIM MEET

Sunday February 22, 2015

- Sanction:** Sanctioned by Adirondack District Masters for USMS, Inc. # 035-S002. Dan Wall, Chair
- Host:** Glens Falls Gators Swim Club
- Location:** Glens Falls High School, 10 Quade Street, Glens Falls, NY  
Short Course 25 Yard Pool, 6 lanes; Pool Depth: Start end  $\geq$  10 ft 6 in.; Turn end  $\geq$  4 ft. 1 in.  
The length of the competition course is in compliance without a bulkhead and on file with USMS in accordance with articles 105.1.7 and 107.2.1.
- Directions:** <http://www.adirondackswimming.org/pooldirections.html>
- Time:** Warm-up at 10:00 AM. Meet starts at 11 AM.
- Meet Director:** Ashli Fragomeni 518-793-3878
- Eligibility:** Open to all swimmers, 18 & older, as of February 22, 2015. All swimmers must be registered with USMS (or the equivalent FINA organization). If registering for the meet online, your USMS membership will be verified online. If registering for the meet by mail, you must include a copy of your registration card. If you need to join or renew USMS membership, please visit [www.adms.org](http://www.adms.org), and follow the instructions. If you prefer to register solely for this meet, a One Event Registration is included. Please fill it out and send it along with your entry. The age of a swimmer is his or her age on February 22, 2015. A swimmer may enter up to FIVE individual events. **Online entries must be completed by 11:59 PM on February 19, 2015. Mailed entries must be postmarked by Saturday, February 14, 2015.** USMS Rules will be in effect.
- Events:** All events will be swum as timed finals. This is a pre-seeded meet. All events will be swum slowest to fastest. Swimmers must check in for event #1 prior to 10:30 AM. Swimmers who fail to check in on time will be scratched from the event.
- Warm-up:** As a result of the large number of injuries occurring across the country during warm-ups, USMS and Adirondack District Masters Swimming do not allow diving into the pool during the warm-up period except in the designated sprint lanes. You must fully cooperate with this requirement. One lane will be available throughout the meet for warm-up, with no diving allowed.
- Timing:** A Daktronics timing system will be used. The host team will provide backup timers and counters for distance freestyle events. Times will be submitted for ADMS and USMS Top Ten records.
- Officials:** Currently certified USAS officials will be provided.
- Services:** A meet program will be available for each participant. Food and drink will be available during the meet. No food or drink is to be consumed on the pool deck. No glass containers of any kind may be brought into the pool or locker room areas.
- Results:** Results will be posted at [www.adms.org](http://www.adms.org).
- Entry Fees:** The entry fee is \$5.00 per individual event. **NO DECK ENTRIES for individual events will be accepted.** Relays must be deck entered. The entry fee for relays is \$12.00 due at deck registration. Online entries can be performed through Club Assistant accessed by a link at [www.adms.org](http://www.adms.org). If mailing an entry, make your check payable to "Glens Falls YMCA Gators Swim Team". Mail signed waiver, entry form, a copy of your USMS or MSC card, and a check to be postmarked by February 14, 2015 to: : Dennie Swan-Scott 600 Glen Street Glens Falls, NY 12801. Phone: [518-793-3878](tel:518-793-3878) Email: [Dsscott@glensfallsymca.org](mailto:Dsscott@glensfallsymca.org)

## 2015 Glens Falls Entry Form

<b>Staple legible copy of USMS or MSC card here</b>		<b>Please supply the following information:</b>	
USMS/MSC Number	Club (as stated on USMS/MSC card)	Day Phone (    )	
Name & Address (name EXACTLY as it appears on USMS/MSC card)		Evening Phone (    )	
Gender	Birth date	Age (as of February 22, 2015)	Email

RELEASE OF LIABILITY BY PARTICIPANT: I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**In case of emergency, contact: Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### 10:00 AM WARM-UP 11:00 AM START

EVENT #	EVENT	ENTRY TIME (Short Course Yards)
1	500 FREESTYLE	
2	400 MEDLEY RELAY	XXXXXXXXX Deck Entry Only XXXXXXXX
3	50 BREASTSTROKE	
4	100 BUTTERFLY	
5	200 BACKSTROKE	
6	100 IM	
7	200 FREESTYLE	
8	50 BUTTERFLY	
9	100 BREASTSTROKE	
10	200- FREESTYLE RELAY	XXXXXXXXX Deck Entry Only XXXXXXXX
11	50 BACKSTROKE	
12	200 IM	
13	50 FREESTYLE	
14	200 BREASTSTROKE	
15	100 BACKSTROKE	
16	200 BUTTERFLY	
17	100 FREESTYLE	
18	800 FREESTYLE RELAY	XXXXXXXXX Deck Entry Only XXXXXXXX
TOTAL:# of events ____ X \$5/event = \$ ____ .00 Make check payable to Glens Falls YMCA Swim Team <i>Note:</i> Relay fees are payable on meet day with entry. Please do not include payment for relays.		

**FIRST-TIMERS:** A swimmer registered as a member of the Adirondack Master Club and participating in their first Adirondack meet is eligible for a First-Timers T-shirt: Please circle size:    S        M        L        XL



## 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