

SOUTH CAROLINA LCM CHAMPIONSHIPS

SHUT UP & SWIM ~ ROY DESSLOCH INVITATIONAL

June 17-19, 2016

Meet Location: Westside Aquatic Complex, 2700 West Blue Ridge Drive (S.C. Highway 253), Greenville, SC.

Host: Greenville County Parks, Recreation & Tourism and Greenville Splash.

Sanction: Sanctioned by South Carolina LMSC for USMS, Inc. Sanction Number: 555-S002.

Meet Director: Karen Alexander, 864-506-2016, pixabugg@bellsouth.net.

Facility: Westside Aquatic Complex is an indoor/outdoor climate controlled facility with an eight lane 50 meter pool and adjacent 5 lane, 25 yard warm-up/warm-down pool. Both pools are bottom striped, wall targeted and equipped with non-turbulent lane lines. Competition course has a fully automatic Colorado Timing System with backup and an 8-line scoreboard. Bleacher seating is available for up to 1,000 spectators along with ample deck space and bleacher seating for swimmers. Ample parking is available.

Rules: The meet will be conducted according to 2016 U.S.M.S. rules and this meet information. 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. Eligibility of times for USMS Top 10 and records will be contingent on verification of bulkhead placement. The pool will be measured as required by USMS.

Eligibility: This meet is open to all USMS swimmers registered for 2016. Age determined as of the last day of 2016. **One-event (SINGLE MEET) registration is available for athletes *not registered* with USMS.**

Fees: \$20.00 surcharge per swimmer for data processing, electronic timing, pool fee and heat sheet. \$4.00 per individual event, \$6.00 per relay (entered and paid for on deck). Deck entries will be accepted for available lanes only at \$8.00 per event plus the \$20.00 swimmer surcharge. Make checks payable to Greenville County. One-event (single meet) registration is \$20.00 – registration form is on page 6.

Time Trails: Time Trails may be held at the end of competition on Saturday and Sunday at \$8.00 per event. Time Trials will be subject to the limit of event rules and held at the discretion of the Meet Referee.

Online entry: Online registration for this meet is preferred for speed and accuracy.

Online entry link: https://www.clubassistant.com/club/meet_information.cfm?c=2212&smid=7881

Paper/mailed entry: Completed entry form, copy of USMS card, and check should be sent to Dixie Zone Championships c/o Karen Alexander, 5010 Six Mile Highway, Six Mile, SC 29682-9537. Express or certified mail should be sent with a signature release.

Entry limit: *Swimmers are allowed a maximum of five individual events per day.* Late entries will be seeded into empty lanes when available.

Entry Deadline: **SUNDAY, June 12, 11:59 pm EST.**

Psych sheet: Available by Wednesday, June 15.

Time of the Meet: Friday: Warm-ups 12:30 pm, Meet starts at 1:30 pm; Saturday: Warm-ups 11:00 am, Meet starts at 12:00 noon; Sunday: Warm-ups 8:00 am, Meet starts at 9:00 am.

Meet format: Swimmers in the 400 Free, 800 Free and 1500 Free will need to provide their own counter if they desire one. *Meet management reserves the right to adjust warm-up and meet start times. **Participants will be notified of any changes in the timeline via e-mail and they also will be posted on the website.***

Awards: Custom Championship ribbons 1st – 3rd and ribbons 4th-8th for each event. High point award for each age group (must swim a minimum of five events to qualify). Team awards will be awarded to top 3 teams overall. Scoring to 8 places.

Seeding: Heats will be seeded from slowest to fastest using submitted long course meters times. Ages and sexes will be combined for competition but separated for awards. No time (NT) entries will be seeded in the early heats. All events 400 meters and longer will be deck seeded fastest to slowest. Check-in for the 1500 Free on Friday will close at 1:00 pm. Check-in for the 400 IM and 400 Free will close 30 minutes before the start of the event. Swimmers not checked in will be scratched. Check-in for the 800 Free on Sunday will close at 11:00 am.

T-Shirts: Championship T-shirts will be for sale during registration, we will have a limited number of t-shirts at the meet. Short-Sleeved T-shirts: Sizes S-XL: \$15.00 / XXL \$17.00 / XXXL \$19.00 Name of each participant will be listed on the back.

Host Hotel: Drury Inn & Suites, 10 Carolina Point Parkway, Greenville SC 29607 864-288-4401.
Direct reservation link: <https://www.druryhotels.com/Reservations.aspx?groupno=2267622>
Reservations may also be made by calling **1-800-325-0720** and refer to the Group number **2267622**.
*Non-smoking 2 Queen Beds Deluxe \$99 per night

*****Cut off for special rate is Friday, May 20th*****

- **HOT Breakfast** – Including Belgian waffles, fruit, biscuits & gravy, sausage and more*.
- **5:30 KICKBACK®** - Each evening from 5:30p-7:00p kick back, relax and enjoy free hot food and cold beverages**.
- **Overnight Parking**
- **Free Long Distance** - One hour every room every night.
- **Wireless Internet Access** – High speed Internet in all rooms and in the lobby.
- **Soda and Popcorn** – From 3:00 pm to 10:00 pm every night in the lobby

* Breakfast is served Monday – Friday from 6 am – 9:30 am and Saturday – Sunday from 7 am – 10 am.

Saturday Social: Join us Saturday evening – Downtown Greenville. Information will be available at registration.

Sunday Morning: Attention all Dads': Please join us for donuts/muffins and juice/coffee!

Hospitality: Hospitality for coaches and officials will be available in the Hospitality Room.

Concessions: Free Gatorade will be provided.

Officials: Individuals wishing to officiate at this meet should contact Meet Referee, Kim Crouse, general.chair@sc-swimming.org. Officials will meet beginning one hour prior to the start of competition in Hospitality.

Warm-up Procedures: Pull-buoys kick boards, fins, and hand paddles are not allowed in the competition pool or warm-up pool. Swimmers must enter the pool feet first in a cautious and controlled manner. Diving shall be permitted only in designated lanes and at designated times.

Directions: From Interstate 385 go North into Greenville. Go through town past the Bi-Lo Center and then the Greenville County Library on your right. Take S.C. 183 towards Pickens. At S.C. 253 turn left on to Blue Ridge Drive. Westside Park & Aquatic Complex is about one mile on the right.

From Interstate 85 take exit 44 (White Horse Road, U.S. 25 By-Pass). Go north on 25 for approximately five miles. Turn right on S.C. Route 253. Westside Park & Aquatic Complex is about three quarters of a mile on the left. If coming down Interstate 26 through Asheville, exit on to U.S. Highway 25 towards Greenville. After Travelers Rest, take U.S. 25 By-Pass (to Atlanta). Pass Furman University. Turn left on S.C. Route 253.

2016 South Carolina LCM Championships

ENTRY FORM

Online Entries Accepted For This Meet:

https://www.clubassistant.com/club/meet_information.cfm?c=2212&smid=7881

Name _____ Sex _____ Age _____ DOB _____

Address _____

Team _____ Abbreviation _____ U.S.M.S. # _____

Daytime Phone _____ Evening Phone _____ **E-Mail** _____

Friday: Warm-ups 12:30 pm

1 _____ 1500 Free

Saturday: Warm-ups 11:00 am

2 _____ 200 I.M.

3 _____ 50 Free

4 _____ 100 Breast

5 _____ 200 Back

6 200 Mixed Free Relay

7 400 Mixed Free Relay

8 _____ 100 Free

9 _____ 50 Back

10 _____ 100 Fly

11 200 Women's Medley Relay

12 200 Men's Medley Relay

13 400 Women's Medley Relay

14 400 Men's Medley Relay

15 _____ 400 Free

Sunday: Warm-ups 8:00 am

16 _____ 50 Breast

17 _____ 200 Fly

18 _____ 100 Back

19 200 Mixed Medley Relay

20 400 Mixed Medley Relay

21 _____ 200 Breast

22 _____ 50 Fly

23 _____ 200 Free

24 200 Women's Free Relay

25 200 Men's Free Relay

26 400 Women's Free Relay

27 400 Men's Free Relay

28 _____ 400 I.M.

29 800 Women's Free Relay

30 800 Men's Free Relay

31 800 Mixed Free Relay

32 _____ 800 Free

You may enter a maximum of five individual events per day including time trials. List a long course meters seed time or N.T. for the events you plan to enter. Relays will be entered and paid for on deck at the meet.

Fees: Number of individual events entered _____ x \$4.00 per event = \$ _____

Swimmer surcharge (for heat sheet, timing, data processing, and pool fee) + \$20.00

Total Enclosed (make check payable to Greenville County) \$ _____



**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	

Mail to: c/o Karen Alexander, 5010 Six Mile Highway, Six Mile, SC 29682
This must be received by Sunday, June 12, 2016. Attach a copy of your USMS
card and check. *INCLUDE EMAIL ADDRESS*****

For NON REGISTERED athletes only:



2015-2016

Register with the same name you will use for competition. Please print clearly!

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone	
Date of Birth (mm/dd/yy)	Age	Sex (circle) M F	E-mail address	
Event Name and Location				
Signature (required)			Today's Date (required)	

Instructions:

- 1) Fill out both pages of this form. Page 1 is the application; Page 2 is the participant waiver. **Both pages** must be signed and dated by the participant.
- 2) Make check payable to: SCLMSC
- 3) Fees: **\$15.00 national + \$5.00 LMSC= \$20.00 Total**
- 4) Meet Director should retain one copy of the signed forms for his state's applicable personal injury statute of limitations time period
- 5) Meet Director should mail check and completed forms (both Pages 1 and 2) to:
(registrar's name and address)

Page 1 – This form cannot be accepted without being accompanied by Page 2 waiver. Form revised 10/8/2014



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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.
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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				

