# RED RIVER MASTERS

Short Course Meters Championship

Date: Saturday December 2, 2017

## Sunday December 3, 2017

Times: Saturday December 2, 2017

## Warm-up 10:30 a.m.

Meet Starts 11:30 a.m. Sunday December 3, 2017

Warm-up 9:00 a.m.

Meet Starts 10:00 a.m.

Sanction: Sanctioned by Southern Masters Swimming for USMS Inc. (#247-S005)

Facility: BHP Billiton Branch of the YMCA of Northwest Louisiana in the Miles A Fitzgerald Pool at 3455 Knight Street in Shreveport, Louisiana. Indoor, 8-lane 25 meter course, depth 9 feet at starting end, 4’4” feet at turning end; indoor, 8-lane 25 yard pool available for warm-up during the meet. 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.

Rules 2017 USMS Rules shall govern.

Eligibility: All participants must be registered with United States Masters Swimming. A copy of your 2017 USMS card is required with the completed entry.

Entries: Swimmers may enter a maximum of six individual events per day, plus relays.

Deadline All mail-in entries must be received by November 27, 2017.

Fees: $35.00 per swimmer for the full meet

$20.00 per swimmer for one day

Entries: Prior to November 27, 2017, please mail completed entry form, copy of USMS card, and check (payable to YMCA of NWLA) to:

Mason McGee

SCM Championship

3455 Knight Street

Shreveport, LA 71105

Seeding: All events (except the 1500 meter Free) will be seeded slow to fast without regard to age. The 1500 meter Free will be seeded fast to slow without regard to age.

Women and Men may swim in a combined heat of the 1500 depending on number of entries. There will be a short break between relays and distance swims on Saturday.

Age Groups: 18-24, 25-29, 30-34, 35-39, 40-44, etc.

## Relays 18+, 25+, 35+, 45+, etc.

Scoring: Individual events: 9-7-6-5-4-3-2-1. Relays are double points. Results: Will be available on the Internet at [www.ymcanwla.org](http://www.ymcanwla.org)

Director: Mason McGee (318) 674-9635 Email – [MasonM@ymcanwla.org](MasonM%40ymcanwla.org%20) Awards: Ribbons 1st – 3rd will be provided for all events.

Hotel: Hilton Shreveport

 104 Market Street

 Shreveport, LA 71101

 318-698-0900

Order of Events

|  |  |
| --- | --- |
| Saturday December 2, 2017 | Sunday December 3, 2017 |
| Warm-up 10:30 a.m. | Warm-up 9:00 a.m. |
| Meet Starts 11:30 a.m. | Meet Starts 10:00 a.m. |
| 400 IM | 400 Free |
| 100 Free | 100 Back |
| 200 Breast | 200 IM |
| 50 Back | 50 Free |
| 100 Fly | 200 Fly |
| 100 IM | 100 Breast |
| 200 Back | 50 Fly |
| 50 BR | 200 Free |
| 200 Free Relay | 200 Medley Relay |
| 200 Mixed Medley Relay | 200 Mixed Free Relay |
| 1500 Free |  |

# \*\*ENTRY FORM\*\* RED RIVER MASTERS

Short Course Meters Championship

Sanctioned by Southern Masters Swimming for USMS Inc.,

Name: Age (as of 12/31/2017): DOB:\_\_\_\_\_\_ Sex: \_\_\_\_\_

Address: City/State:

E-Mail Address: Zip Code: Phone:

USMS #: Team Name: Team Abbreviation:

Circle desired event numbers and list seedtime in Meters. Limit of six individual events per day. Relays deck entered.

|  |  |
| --- | --- |
| Saturday, December 2, 2017 | Sunday, December 3, 2017 |
| Warm-up 10:30 a.m. Meet 11:30 a.m. | Warm-up 9:00 a.m. Meet 10:00 a.m. |
| W | M | Event | Seed Time | W | M | Event | Seed Time |
| 1 | 2 | 400 IM |  | 23 | 24 | 400 Free |  |
| 3 | 4 | 100 Free |  | 25 | 26 | 100 Back |  |
| 5 | 6 | 200 Breast |  | 27 | 28 | 200 IM |  |
| 7 | 8 | 50 Back |  | 29 | 30 | 50 Free |  |
| 9 | 10 | 100 Fly |  | 31 | 32 | 200 Fly |  |
| 11 | 12 | 100 IM |  | 33 | 34 | 100 Breast |  |
| 13 | 14 | 200 Back |  | 35 | 36 | 50 Fly |  |
| 15 | 16 | 50 BR |  | 37 | 38 | 200 Free |  |
| 17 | 18 | 200 Free Relay | xxxxxxxxx | 39 | 40 | 200 Medley Relay | xxxxxxxxx |
| 19 | 20 | 200 Mixed Medley Relay | xxxxxxxxx | 41 | 42 | 200 Mixed Free Relay | xxxxxxxxx |
| 21 | 22 | 1500 Free |  |  |  |  |  |

\* There will be a short break between relays and distance swims on Saturday.

LIABILITY RELEASE:

The attached PARTICIPANT WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY

AGREEMENT must be signed and turned in before participating in the swim meet.

Entries must be received by Fees: Payable to YMCA of NWLA Monday, November 27, 2017

|  |
| --- |
|  |
| $35.00 per swimmer for the full meet$20.00 per swimmer for one daySend copy of 2017 USMS registration card |
|  |

Mail entries to:

Mason McGee

SCM Championship

3455 Knight Street

Shreveport, LA 71105

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