

***Shockwave Masters***  
***Nightmare before Christmas***  
**Short Course Meters**  
**December 9-10, 2017**

**Times:**                    Saturday, December 9, 2017  
                                 Warmup      10:00am    Competition      11:00am  
                                 Sunday, Dec 10, 2017  
                                 Warmup      8:30am      Competition      9:30am

**Sanction:**                    Sanctioned by Southern Masters Swimming for USMS Inc. #247S006

**Facility:**                    Tupelo Aquatic Center  
                                 692 North Veterans Blvd.  
                                 Tupelo, MS 38804  
                                 662-840-3768 (Facility)  
                                 662-401-7550 (Shockwave Masters)  
                                 The facility is an indoor facility with an 8 lane 25 meter course, 7.5 depth at the start and turn end, a 10 lane 25 short course yard course for additional warmup and cool down space. The length of the 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 USMS. 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 December 6, 2017.

**Fees:**                            \$35.00 per swimmer for the full meet.  
   \$20.00 per swimmer for the one day meet.

**Entries:** Please mail completed entry form, copy of USMS card, and check payable to Shockwave Aquatics to: Barbara Aguirre  
Shockwave Aquatics  
P.O. Box 3423  
Tupelo, MS 38803  
**\*\* You may scan your entry form as a document and email me the attachment all of the forms needed for the meet. You may pay on arrival in the meet management office.**

**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. The 400 IM, 400 Free and the 1500 free will require positive check in.  
  
Women and men may swim in a combined heat of the 400 IM, 400 Free and the 1500 Free depending on the number of entries. There will be a short break between the relays and 1500 free on Saturday. Short breaks will be added if needed for other events.

**Age Groups:** 18-24, 25-29, 30-24, 35-39, 40-44, etc.  
Relays 18+, 25+, 35+, 45+, etc.

**Scoring:** Individual events: 9-7-6-5-4-3-2-1  
Relays: 18, 14, 12,10,8,6,4,2

**Results:** Available on the [shockwaveaquatics.com](http://shockwaveaquatics.com)

**Director:** Barbara Aguirre (662-401-7550)  
[barbara.aguirre@tupeloms.gov](mailto:barbara.aguirre@tupeloms.gov)  
[aguirre.barbara@gmail.com](mailto:aguirre.barbara@gmail.com)

**Awards:** After the meet, join in at an off-site (location tba) for an afternoon of food and beverage provided by Tupelo Convention and Tourism Bureau. Each participant will receive a t-shirt.

**Hotels:** [tupelo.net](http://tupelo.net)

**Shockwave Masters**  
**Nightmare before Christmas**  
**\*\*Entry Form\*\***  
**Short Course Meters Meet**

Sanctioned by Southern Masters Swimming for USMS Inc.

<b>Name:</b>			(circle)>> T-Shirt size: Adult S, M, L, XL, XXL		
<b>Age (as of 12/31/2017)</b>			<b>DOB:</b>		<b>Sex: M F</b>
<b>Mailing Address:</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>E-Mail Address:</b>					
<b>Phone # (    )</b>			<b>Other Phone # (    )</b>		
<b>USMS #:</b>					
<b>Team Name:</b>			<b>Team Abbreviation:</b>		
<b>Circle W/M, event numbers and list seed time in meters.</b>					
<b>Saturday, December 9, 2017</b>			<b>Sunday, December 10, 2017</b>		
Warm-up: 10am Competition:11:00am			Warm-up: 8:30am Competition: 9:30am		
<b>W / M</b>	<b>Event</b>	<b>Seed Time</b>	<b>W / M</b>	<b>Event</b>	<b>Seed Time</b>
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 Breast		37 38	200 Free	
17 18	200 Free Relay	XXXXXX	39 40	200 Medley Relay	XXXXXX
19 20	200 Mixed Medley Relay	XX	41 42	200 Mixed Free Relay	XXXXXXX
21 22	1500 Free				

**\*\* There will be short breaks as needed.\*\***

**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 Wednesday, Dec 6, 2017**

Mail entries and fees to: Shockwave Aquatics  
P.O. Box 3423, Tupelo, MS 38803  
c/o Barbara Aguirre

\*\*\*You may scan and email all necessary forms to: [barbara.aguirre@tupeloms.gov](mailto:barbara.aguirre@tupeloms.gov)

Please confirm your entry by contacting Barbara Aguirre at 662-401-7550 (text) or email at [barbara.aguirre@tupeloms.gov](mailto:barbara.aguirre@tupeloms.gov) by Thursday, Dec 7, 2017.



**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