

2019 27th Annual Masters SCY Valentine's Meet ~ February 9-10

Hosted by City of Clearwater
Sanctioned by Florida LMSC for USMS, Inc.

DATE & TIME:

Saturday, February 9: warm-up 7 AM for 1000 free, start at 8 AM; warm-up at 10 AM for other events, start at 11 AM
Sunday, February 10: warm-up at 8 AM, meet begins at 9 AM

FACILITY: The Long Center, 1501 N. Belcher Road, Clearwater, Florida. The Long Center is an indoor 50 meter x 25 yard pool. This meet will be using 8 of the facility's 20 short course yard lanes with Daktronics timing for competition and 10 lanes will be provided for warm-ups during the course of the meet. All events will be swum in numerical order slow to fast. 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. The primary timing system will be automatic timing. The official times from this meet may be submitted for world records, USMS records, and Top 10 Times consideration.

HOSPITALITY: Free refreshments ARE provided for all swimmers. Breaks will be taken as needed.

ELIGIBILITY: Current USMS rules govern. All athletes must be 18 years of age or older as of February 10, 2019, and be registered with USMS, Inc. for 2019. Non U.S. citizens should have a letter of introduction from their own swimming association.

ONLINE ENTRIES: Online registration for this meet is preferred for speed and accuracy. www.clubassistant.com. Online meet registration must be completed by midnight Eastern Time on Sunday, February 3, 2019. Your 2019 membership to USMS will be verified at the start of online meet registration. Links are available to renew or look up your membership.

PAPER/MAILED ENTRIES: Paper entries must be received by Friday, February 1st. Each entry must be submitted on the entry form with your name, registered team, age, event description, event number, USMS registration number, and seed time. Please be sure that all information is filled out, the waiver signed, and a copy of your 2019 USMS registration card is attached.

ENTRY FEES: Entry fees are \$5 per individual event, \$5 per relay team, and a \$35 meet surcharge which is non-refundable (includes a signature t-shirt). Online meet entry charges meet fees to your credit card. Your credit card statement will show a charge from "ClubAssistant.com Events". Paper/mailed entries, please make checks payable to City of Clearwater: Long Center Pool and mail to the address on the entry tab. Scratches will be accepted and no refunds will be issued.

ENTRY LIMITS: Swimmers may enter a maximum of five individual events per day. **Events 1 and 2 are limited to the first 50 swimmers to enter. No Check in required: pre-seeded. All events will be swum slowest to fastest.**

RELAYS: Relay teams may be deck entered at the meet both Saturday and Sunday. Only team members registered for the meet may participate in the relays. Age categories for relays are 18+, 25+, 35+, 45+, 55+, 65+, 75+, 85+. Relay cards are due 2 events prior to relay events.

SCORING & AWARDS: Individual High Point awards for 1st, 2nd and 3rd in all age groups (must swim five individual events to be eligible). Scoring 9-7-6-5-4-3-2-1 for individuals and double points for relays. Breaks taken as needed.

ORDER OF EVENTS: Event 1/2 will be seeded, combined, first 50 entrants only, seeded slow to fast. Events 23/24 will be seeded, combined.

Meet heat sheets and results will be posted at www.midnightsports.com

W/M Saturday, February 9

1/2	1000 Freestyle
3/4	200 Backstroke
5/6	100 Breaststroke
7/8	200 Freestyle
9/10	100 IM
11/12	200 Mixed Free Relay
13/14	200 Butterfly
15/16	50 Backstroke
17/18	200 Free Relay
19/20	400 IM
21/22	800 Free Relay

W/M Sunday, February 10

23/24	500 Freestyle
25/26	200 Breaststroke
27/28	50 Butterfly
29/30	100 Freestyle
31/32	100 Backstroke
33/34	200 Mixed Medley Relay
35/36	50 Breaststroke
37/38	100 Butterfly
39/40	200 IM
41/42	200 Medley Relay
43/44	50 Freestyle

Florida LMSC Consolidated Entry Form

Name _____ male female USMS # _____

Birthdate ___/___/___ Age ___ (SCY is your age on the last day of the meet; LCM and SCM are your age on December 31)

Club _____ Phone (____) _____ e-mail _____

event #	FREE (seed time)	event #	BACK (seed time)	event #	BREAST (seed time)	event #	FLY (seed time)	event #	IM (seed time)
_____	50	_____	50	_____	50	_____	50	_____	100
_____	100	_____	100	_____	100	_____	100	_____	200
_____	200	_____	200	_____	200	_____	200	_____	400
_____	400/500	MEET: 27th Annual Valentine Meet				Office Use Only			
_____	800/1000	LOCATION: Long Center Pool 1501 N. Belcher Rd, Clearwater, FL 33675				Amt. Rec'd _____			
_____	1500/1650	MEET DATES: February 9-10th, 2019				Date _____			

Attach the entry form tab from the bottom of the information page in the space below!

Read the information sheet carefully. Make your check payable as shown on the information sheet and mail it to the address shown there. All Masters swimmers may be asked to show their USMS cards, if requested, at the meet. Incomplete entries (no fee, no copy of USMS card, incomplete entry card) or late entries (postmarked/received after the deadline) **MAY BE REJECTED!** No time (NT) entries will **NOT BE ACCEPTED!**

Signature on this form is **REQUIRED!** Be sure a copy of your USMS card is attached below!

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 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 and be governed by the rules of USMS. (see Rule Book Article 203.1)

PLEASE SIGN AND DATE _____

Fill out the information below, clip this portion of the page, and attach it to the Florida LMSC Consolidated Entry Form

Fees: Meet Surcharge: _____ = \$35.00
 # of Events (____) x \$5.00 = \$_____
 Custom T-shirt (____) = \$15.00
 Circle size: S M L XL XXL

TOTAL ENCLOSED _____ = \$_____

Please make checks payable to City of Clearwater: Long Center Pool and mail the check and the entry form with this tab attached to:
 Long Center Pool
 attn: Mark Roberson
 1501 North Belcher Road
 Clearwater, FL 33765

ATTACH A COPY OF YOUR CURRENT USMS CARD HERE IF REQUIRED.

BE SURE TO SIGN AND DATE THE LIABILITY WAIVER ON THE NEXT PAGE, TOO.



**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	