

2019 Ozark LMSC Short Course Meters Championship

Sponsored by St. Louis Area Masters Swimming, Inc. (SLAM)
Sanctioned by Ozark LMSC for USMS, Inc. Sanction #229-S003
Saturday, November 2, 2019 at 12:00 pm

Location: Chuck Fruit Aquatic Center, 6168 Center Grove Rd., Edwardsville, IL 62025

The pool is 50 meters in length with movable bulkheads; the competition pool will be 25 meters in length. There are 5 SCM competition lanes, one buffer and one warm-up/down lane; a separate 8 lane SCY pool is available for continuous warm-up/down during the meet. The elevated viewing area can seat 499 spectators, the pool level seats 220 coaches and swimmers; there are dedicated men's and women's large size locker rooms. **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 is contingent on verification of bulkhead placement.**

Time: Warm-up starts at 11:00 am, meet begins at 12:00 pm.

Eligibility: Persons eighteen (18) years of age and older and all levels of swimming ability are welcome. Age is determined by swimmer's age on December 31, 2019. Participants must be current USMS members; apply for USMS membership online prior to the meet at <http://www.usms.org/reg/>. Select "Ozark" as the LMSC (not Missouri Valley or Illinois). Select a "Club" if you want to swim with that club on relay teams; "Unattached" swimmers cannot swim on relays.

Conduct: The 2019 USMS rules will govern the conduct of the meet. All events will be timed finals. Participants will be limited to five (5) individual events for the meet, in addition to relays. Events will be seeded slowest to fastest; genders may be seeded together at the discretion of the meet referee.

Relays: Fully completed relay entry cards will be accepted at the timing console table. All relays will be deck seeded. Blank relay cards will be available at the check-in table and/or can be downloaded from www.ozarklmsc.org website.

Unattached swimmers cannot swim on relays. Relays may be single gender, or mixed team comprised of two females and two males. Age groups for relays are determined by the sum of the ages of the relay members. *Mixed and single gendered relays will be swum together, thus you can swim either a mixed or a single gender relay, but not both, for each type of relay.* Relay age-groups are 72-99, 100-119, 120-159, 160-199, 200-239, 240-279, 280-319, 320-359, etc.

Fees: \$35 Mail-In Entry Only (No Online or Deck Entry)

Send completed entry form, signed/dated check & USMS participant waiver to:

Maryanne Barkley, Meet Director, 931 Cherry Lane, Troy, IL 62294.

Note: Swimmers participating only on relays must submit a signed entry form & pay the \$35 entry fee.

Please make checks payable to St. Louis Area Masters Swimming, Inc.

Entry Deadline: If you do not receive email confirmation of your entry by 11/1/19, contact Maryanne Barkley at 618-667-3134 or barkleymaryanne@gmail.com. Entry form, liability waiver & check must be completed, signed and dated.

✉ **Mailed Entry RECEIVED by October 31, 2019. NO DECK ENTRY ALLOWED**

🕒 **Relay Entry Deadline for Events 4, 5, 6, 10, 11, 12, 15, 16 & 17 is 11:15 am, November 2.**

🕒 **Relay Entry Deadline for Events 21, 22, 23, 29, 30 & 31 is at the end of Event 17, November 2.**

🕒 **The 800 FR & 1500 FR require positive check-in by the end of Event 17; Heats seeded & posted at the break.**

Driving Directions: Chuck Fruit Aquatic Center, 6168 Center Grove Rd., Edwardsville, IL 62025

I-270 @ Exit #9: Hwy 157 North, continue 3.5 miles; right on Center Grove Rd, right at EHS Sports Complex stoplight.
I-55 @ Exit #23: West 143 to Governors Pkwy 4 miles; left on ESIC Dr, right on Center Grove, left at EHSSC stoplight.
Chuck Fruit Aquatic Center & parking is the first left. A pedestrian tunnel connects the Complex to nearby lodging.

Lodging: Walking Distance to Pool (Edwardsville): Holiday Inn Express, 1000 Plummer Dr, 618-692-7255; Country Hearth Inn & Suites, 1013 Plummer Dr., 616-656-7829; TownePlace Suites, 6101 Center Grove, 618-655-3001.

Within Ten Miles: Comfort Inn & Suites, 3080 S. Hwy 157, Edwardsville, 618-656-4900; Hampton Inn, 5723 Heritage Crossing Dr, Glen Carbon, 618-589-5000.

2019 OZARK LMSC SC Meters Championship ENTRY FORM
Sanctioned by Ozark LMSC for USMS, Inc.
Saturday, November 2, 2019 – Meet starts 12:00 pm

Name (as listed on 2019 USMS card):	Birth Date:	Age (on Dec 31, 2019)	Gender:
Address:	Home Phone		
City:	State:	Zip:	Club Affiliation
2019 USMS Number (attach copy of card)	Email Address:		
Emergency Contact Name:	Emergency Contact Phone:		

SEED TIME REQUIRED – Actual or Estimated SC Meters time; Print Times Legibly

Maximum Entry – 5 events, plus relays

#	Event-SC meters	Seed Time	#	Event-SC meters	Seed Time
1	100 Free		18	200 Breast	
2	200 Fly		19	50 Back	
3	50 Breast		20	100 Fly	
4/5/6	200 Medley Relay M / W / Mixed	Deck entry	21/22/23	200 Free Relay M / W / Mixed	Deck entry
7	400 Free		24	100 IM	
8	100 Breast		25	400 IM	
9	200 Back		26	200 Free	
10/11/12	400 Free Relay M / W / Mixed	Deck entry	27	100 Back	
13	50 Fly		28	50 Free	
14	200 IM		29/30/31	400 Medley Relay M / W / Mixed	Deck entry
15/16/17	800 Free Relay M / W / Mixed	Deck entry	32	800 Free	
	15 Minute BREAK		33	1500 Free	

See next page for USMS Participant Waiver; it must be signed, dated & included with entry form.

Meet Entry Fee: \$35 Must be Received by October 31, 2019

Checks payable to **St. Louis Area Masters Swimming, Inc.**

Mail Entry Form, Waiver and Check to:

Maryanne Barkley, Meet Director, 931 Cherry Lane, Troy, IL 62294

Phone 618-667-3134 or Email barkleymaryanne@gmail.com if your entry is not confirmed by November 1, 2019

→ **USMS Participant Waiver must be completed, signed, dated and included with ALL entries.**



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