

SWIM ATLANTA

Get back in the pool meet

Sunday, April 25, 2021

Sanction No. 451-S01

Held Under the Sanction/Approval of USMS, Inc. & Georgia LMSC

Due to Covid-19 restrictions the meet will be limited to the first 60 entries received

- Time:** Sunday--Warm ups at 10:00 a.m. Meet begins at 11:00 a.m.
- Location:** SwimAtlanta
4850 Sugarloaf Parkway, Lawrenceville, GA 30044
678-442-7946
This facilities competition pool is an 8 lane, 25-yard pool with automatic electronic timing and scoreboard. **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.**
The pool depth at the start end equals (enter depth – 8 ft.) and turn end depth equals (enter depth- 8 ft).
12 warm-up lanes will be available.
- Timing:** Automatic electronic timing will be used. Note: This is a Category II meet – times will count for Top Ten and Records.
- Eligibility:** The meet is open to all **Georgia LMSC** members 18 years and older as of April 25, 2021.
USMS REGISTRATION IS REQUIRED. Be sure to include a copy of your USMS card with your entry.
- Rules:** 2021 USMS rules apply.
- Events:** Swimmers may enter up to five events.
- Deadline:** Entries must be received by Monday, April 19th.
- Fees:** \$45.00 for up to 5 events; No deck entries or late entries allowed.
Make checks payable to **Swim Atlanta**.
Mail to:
Pat Eddy
3398 Galts Road
Acworth, GA 30102-1132
Pateddy52@aol.com
(614) 670-1108
- Seeding:** All events are pre-seeded and timed finals. Heats are seeded and swum from slowest to fastest, with men and women seeded together. The 500 Free and 400 Individual Medley will be seeded fastest to slowest and **limited to the first 16 entries received.**

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ENTRY FORM

Name	Sex	Age	DOB
Address		Cell/home phone	
City		State	Zip
USMS#		Team	
E-mail			

SEED TIME	EVENT	SEED TIME	EVENT
	1. 500 Freestyle		9. 50 Butterfly
	2. 50 Breaststroke		10. 200 Breaststroke
	3. 100 Backstroke		11. 100 Freestyle
	4. 200 Butterfly		12. 50 Backstroke
	5. 50 Freestyle		13. 100 Butterfly
	6. 100 Breaststroke		14. 100 Individual Medley
	7. 200 Backstroke		15. 200 Freestyle
	8. 200 Individual Medley		16. 400 Individual Medley

Circle event number and indicate seed time if known

Fees (Make checks payable to **Swim Atlanta**)

ALL EVENTS	\$45.00
TOTAL AMOUNT ENCLOSED	

MISC. INFORMATION: The facility will be closed to spectators. Only swimmers, coaches, officials, and support staff will be allowed in facility. Locker rooms will be off limits. The wearing of Masks is **STRONGLY** encouraged.

Mail to:

Pat Eddy

3398 Galts Road

Acworth, GA 30102-1132

Patddy52@aol.com

Must sign and return USMS Liability Release and USMS Covid-19
Attendee Screening Form with your Entry



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");

- 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.
- 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.
- 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.
- I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19, or other viral or bacterial infection, while participating in any of the Events, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I agree that if I have a fever, cough, feel short of breath, have any other symptoms, have knowingly been exposed to a communicable disease such as COVID-19 or have traveled to or from a highly impacted area, I will not attend an Event for at least two weeks after exposure or symptoms have subsided or I have returned from a highly impacted area. In addition, if I discover I have been exposed to a suspected or positive case of COVID-19 or have tested positive for COVID-19, I will notify the USMS coach or club administrator immediately.
- 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.
- 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	



**U.S. MASTERS
SWIMMING**

USMS COVID-19 Attendee Screening Form

The following form is based on CDC guidance and must be completed by all attendees (swimmers, volunteers, officials, and facility staff) in the 24 hours prior to the event and submitted prior to entering the facility. If the answer to any of these questions is yes, the participant shall not attend the event unless clearance is given by their medical provider.

Name Printed		Date	
Name Signature		Temperature	
In the past 48 hours, have you had any of the following symptoms?			
Yes <input type="checkbox"/> No <input type="checkbox"/>	Fever of 100.4 F (38 C) or above	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cough
Yes <input type="checkbox"/> No <input type="checkbox"/>	Trouble breathing, shortness of breath, or severe wheezing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Muscle aches
Yes <input type="checkbox"/> No <input type="checkbox"/>	Chills or repeated shaking with chills	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sore throat
Yes <input type="checkbox"/> No <input type="checkbox"/>	Loss of sense of smell or taste, or a change in taste	Yes <input type="checkbox"/> No <input type="checkbox"/>	Headache
Yes <input type="checkbox"/> No <input type="checkbox"/>	Nausea, vomiting, or diarrhea		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Within the past 14 days, have you been in close proximity (6 feet or closer for a cumulative total of 15 minutes) to any individual who tested positive for COVID-19 or has symptoms consistent with COVID-19?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently waiting on the results of a COVID-19 test?		

The event host shall keep all original USMS COVID-19 Attendee Screening Forms for no less than 90 days following the completion of the event or until directed by USMS to dispose of them.