

Walt Weed Invite

April 13, 2024

Chatham County Aquatics Center

7240 Sallie Mood Drive

Savannah, GA 31406

Sanction

Sanctioned by Georgia LMSC for USMS: **454-S001**

Facility

The CCAC is an indoor, air-conditioned facility featuring a 25-yard x 50-meter competition pool with deep flow-over gutters, non-turbulent lane lines, and start-end/turn-end depth varying between 7 and 9 feet. For this meet the competition pool will be configured as two **25-yard pools**; one for competition, the other for warm-up/warm-down. Other features include spectator seating, generous deck space, locker rooms, electronic score board, and a Colorado timing system. **By order of Chatham County for safety reasons the CCAC does not allow chairs in front of the spectator bleachers or emergency exits.**

The length of the competition course has been certified and is in compliance and on file with USMS in accordance with articles 105.1.7 and 106.2.1; Times will count for USMS records and Top 10 submission.

Warmup/warm-down lanes will be available

Rules & Eligibility

Current USMS rules apply. The event is open to USMS registered swimmers at least 18-years-of-age as of April 15, 2023. A copy of your 2023 USMS card must accompany your entry in order for it to be processed.

Entry Deadline

Entries must be received by Sunday April 7th, 2024. Entries received after this date will be handled as deck entries.

Online Entries: Link will be provided.

Entries

A swimmer may enter a maximum of five (5) individual events, exclusive of relays. Use the attached entry form. Relays will be deck seeded using forms available at the meet or can be sent in advance. All relay swimmers must be registered and entered in the meet. All relay swimmers must be members of the same team. Unattached swimmers cannot swim on relays. Deck entries will be accepted during warm-ups until 11:30am, with a \$10.00 late fee. (Late entries will be seeded into empty lanes when available. New heats will not be created to accommodate late entries.)

Events will be seeded as "Mixed Gender", by seed time.

The clerk of course will close at 11:30am.

Clerk of Course

The meet will be managed by the Clerk of Course. Questions concerning entries and results will be handled by the Clerk during the meet.

Awards

There will be awards for heat winners as well as high point awards given in each age group that has a minimum of 2 swimmers who each compete in the maximum 5 events allowed.

Fees

Individual Event Fee: \$50

There will be **no charge** for relay events.

Seeding

- 8 lanes
- 500 free will be swum fastest to slowest. All other events will be swum slow to fast
- 500 free will require a positive check in 30min. prior to start of session and will be deck seeded.
- The meet Referee may elect to change and/or combine heats

Meet Schedule

Pool opens for warm-ups at 11:00 AM

Competition starts at 12:00 PM

Concessions - There will be no concessions at the meet.

Participants are invited to **Colleagues and Lovers** after the meet:

Colleagues and Lovers
4523 Habersham St.
Savannah

Meet Director Ben Umbright gcatswimben@gmail.com

Notes: Masters swimming is a strenuous activity and each participant is advised to consult a physician before participating in such a program. You must be registered with USMS to participate in the meet. **NO CHILDREN or NON-REGISTERED GUESTS** will be allowed in the pool during the meet.

Savannah Masters – Sea Dragons / Walt Weed Invite
April 13, 2024

Name _____ Sex _____ Age _____ Birth date _____

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail _____

USMS# _____ Team* _____ Team Abbreviation* _____

Your entry will not be processed without a copy of your 2023 USMS Registration Card.

*** For in-state meets GAJA Super Team swimmers should use their Chapter Designation as their team, rather than GAJA.**

Event # (Circle)	Event	Seed <me	Event # (Circle)	Event	Seed <me
1A	Women 200 Medley Relay		12	100 Breast	
1B	Men 200 Medley Relay		13	200 Fly	
1C	Mixed 200 Medley Relay		14	100 Free	
2	200 Breast		15	100 Back	
3	25 Free		16	50 Fly	
4	50 Back		17	100 IM	
5	100 Fly		18	200 Free	
6	500 Free		19	25 Back	
7	50 Breast		20	25 Fly	
8	200 IM		21A	Women 200 Free Relay	
9	50 Free		21B	Men 200 Free Relay	
10	200 Back		21C	Mixed 200 Free Relay	
11	25 Breast				

Maximum of five (5) individual events per day.

Warm-ups: 11:00 AM, competition: 12:00 PM

Make checks payable to: **Savannah Masters – Sea Dragons**

c/o Deanne Bland

3 Jersey Loop

Pooler, GA 31322

Entry Fee: \$50.00

Deck Entry: \$10.00 late fee added

No Refunds

Total Cost: _____

Entries must be received on or before **April 7, 2024**

****Entries without a copy of your 2023 USMS registration and signature will not be processed**

All participants must sign USMS Liability Release on Back of Entry

PARTICIPANT WAIVER AND RELEASE OF ASSUMPTION OF RISK AND INDEMNITY



LIABILITY, 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 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 I agree not to participate in USMS activities for a minimum of 10 days from the date the symptoms started, until the symptoms have subsided or I have been cleared by a doctor. If I test positive for COVID-19 within 10 days following participation in a USMS activity, I will notify the USMS event director, coach or club administrator immediately.
5. 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.
6. 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/yyyy)
Street Address, City, State, Zip				
Signature of Participant				Date Signed