



Blue Tides Dog Days of Summer Invitational
Augusta Aquatics Center (AAC)
August 2-3, 2024

Hosted by: Augusta Recreation & Parks Blue Tides

USMS Sanction # **454-S004**

Meet Director: Shawn McNair
[706-261-0424](tel:706-261-0424)
arpbluetides@gmail.com

Date: August 2-3, 2024

Time: DAY 1: Warm-ups start at 4:00 pm; meet starts at 5:15 pm
DAY 2: Warm-ups start at 8:00 am; meet starts at 8:45am
(Final times will be confirmed prior to registration opening date)

Facility: Augusta Aquatics Center. 8 lanes, Long Course Meters. Rec pool for warm-up/warm-down continuously running through the meet. [Facilities • Augusta Aquatic Center \(augustaga.gov\)](http://augustaga.gov)
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. Times from this competition will be eligible for USMS Top 10 considerations and records.

A separate warm up pool will be available throughout the meet.

Athletes will have use of the locker room facilities which include showers and restrooms.

There is ample parking at the facility, but carpooling is recommended.

Address: 3157 Damascus Rd.
Augusta, GA 30909

Parking: Two large lots at AAC available for parking at no charge. The gravel lot across the street is also available at no charge.

Directions: Take I-20 (West from Columbia SC and East from Atlanta GA) to I-520 E. Take Exit 2, Wrightsboro Rd toward Daniel field. Turn right on Damascus Rd. The AAC is on the left.

Eligibility: Current USMS rules will govern the meet. All participants must be age 18 or older, and be currently-registered members of U.S. Masters Swimming. Foreign swimmers must provide proof of current membership in their country's Masters Swimming governing body. All swimmers must be registered with US Masters Swimming. Swimmers must be registered prior to the entry deadline. Entries listed as "Registration Applied For" will not be accepted. The swimmer's age group is determined by their age as of December 31, 2024.

Events: Swimmers may enter up to 5 individual events and 2 relays. The 1500 Freestyle will be limited to the First 32 entrants.

Awards: Ribbons will be given for places 1st – 3rd in each age group. There will be awards for heat winners. Age group High point awards will be given in each age group that has a minimum of 2 swimmers who each compete in the maximum 5 events allowed. Team high points will be given for 1st and 2nd place.

Timing: Touchpads/electronic timing with hand/stopwatch backup. Times will count toward USMS Records and Top Ten.

Scoring: Top eight finishers will score as follows: 20, 17, 16, 15, 14, 13, 12, 11 for Individual events and 40, 34, 32, 30, 28, 26, 24, 22 for relays.



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Fees: \$70 covers facility, meet, and t-shirt costs.

Seeding: All events will be seeded in advance and slowest to fastest. Men and Women will be seeded together based on time.

The 1500, 400, and 400 IM will be swum fastest to slowest.

THE 1500, 400, AND 400 IM REQUIRE POSITIVE CHECK-IN 30 MINUTES PRIOR TO START OF SESSION AND WILL BE DECK SEEDED.

15-minute breaks after events 9, 13, and 16.

Relays will be deck-seeded and relay heat/lane assignments posted at the meet. Psych sheets will be posted at www.georgiamasters.org around July 29, 2024 (depending on the number of late entries being processed).

Relays: DAY 2: Entries for relay events 3-5 will be due at 8:30 am. Entries for relay events 20-22 will be due at 11:00 am.

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 in relays. There is no additional fee for relays.

ENTER ONLINE: Entry deadline is Monday, July 29, 2024, at 11:59 pm.
Registration is limited to the first 200 swimmers.

https://www.clubassistant.com/club/meet_information.cfm?c=2684&smid=18810

Entry Deadline: **ONLINE ENTRY ONLY.** No mail-in entries accepted.

Deck adds will try to be accommodated within existing seeded heats; **\$20 additional deck add fee** applies; and swimmer must present their 2024 USMS REGISTRATION CARD at the time of the deck entry. No guarantees made that t-shirt will be available.

Deck Restrictions: Only registered entrants, coaches, officials, and volunteers will be allowed on deck during the meet.

For safety reasons the AAC does not allow chairs on deck, EXCEPT for those used by timers, meet officials, and meet marshals.

Deck changing is prohibited.

Medical Supervision: The Augusta Aquatics Center has a full staff of American Red Cross certified lifeguards trained in using backboards and AEDs. American Red Cross trained Police Officer and Fire Marshall will be on hand. EMT services are available through local 911.

Concessions: Vending machines available Day 1. Concession stand and vending machines available Day 2.

Warm-Ups: Swimmers are reminded that USMS safety rules dictate a feet first entry in the warm-up/warm-down lanes. Two lanes will be designated during the last 10 minutes of the initial warm up time for starts and one way sprints.



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Last Name:		First Name:	Middle Initial:
Date of birth:	USMS#:	Team/Club Affiliation (NOT GAJA):	
Gender:	Email address:		

Blue Tides Masters Dog Days of Summer LCM Meet
ORDER OF EVENTS

Friday		
#	Event	Seed Time
1	1500m Free	
Saturday		
	Event	Seed Time
2	400m Free	
3	200m Free Relay-Women	
4	200m Free Relay-Men	
5	200m Free Relay-Mixed	
6	200m IM	
7	50m Free	
8	100m Fly	
9	200m Back	
10	200m Breast	
11	100m Free	
12	50m Fly	
13	400m IM	
14	50m Breast	
15	100m Back	
16	200m Fly	
17	200m Free	
18	100m Breast	
19	50m Back	
20	200m Medley Relay-Women	
21	200m Medley Relay-Men	
22	200m Medley Relay-Mixed	

15 min breaks after event 9, 13, and 16



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Hampton Inn & Suites
3028 B Washington Rd
Augusta, GA

<https://www.hilton.com/en/attend-my-event/agswrhx-906-8fc7000e-ae42-4979-8dc2-f705b40dea6e/> (for **AUGUST** room block)

Please make your reservation by July 12, 2024.

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SpringHill Suites

1110 Marks Church Rd

Augusta, GA

[Book your group rate for ARP Blue Tides Swim Team](#)

You will find the information for your online reservation link below. If you have questions or need help with the link, please do not hesitate to ask. We appreciate your business and look forward to a successful event.

Event Summary:

ARP Blue Tides Swim Team

Start Date: Friday, August 2, 2024

End Date: Saturday, August 3, 2024

Last Day to Book: Friday, July 12, 2024

cancellation policy is 24 hours prior to arrival

Hotel(s) offering your special group rate:

- **SpringHill Suites Augusta for \$129 USD per night**

[Book your group rate for ARP Blue Tides Swim Team](#)

Please make your reservation by July 12, 2024



PARTICIPANT WAIVER AND RELEASE OF LIABILITY

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/or 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, including the [Code of Conduct](#) and any safety regulations established by USMS. 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 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.
- 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 (check) M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (mm/dd/yyyy)
Street Address, City, State, Zip				
Signature of Participant			Date Signed	