



## West Gwinnett Park Short Course Yard Developmental Meet

Sunday, February 23, 2025

Sanction No. **455-S001**

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

**Time:** Sunday--Warm ups at 9:00 a.m. Meet begins at 9:30 a.m.

**Location:** West Gwinnett Park is an 8 lane 25 yard pool, and is located at the intersection of Peachtree Industrial Blvd and South Berkeley Lake Rd. From I-285, take the Peachtree Industrial Blvd exit going NORTH (away from Atlanta). Go 7.5 miles to S. Berkeley Lake Rd. The West Gwinnett pool is on the RIGHT corner. OR: from I-85, take Pleasant Hill exit going WEST (past Gwinnett Mall). Turn left on Peachtree Industrial Blvd. The 4th stoplight will be S Berkeley Lake Rd.

**This is a Category I Meet. Times will not count for Top Ten or Records.**

The pool will be on your LEFT. Here's the address:

West Gwinnett Park Aquatic Center  
4488 Peachtree Industrial Blvd  
Norcross, Ga 30071  
(678) 407-8801

**Eligibility:** The meet is open to all persons 18 years and older as of February 23, 2025. **USMS REGISTRATION IS REQUIRED.** If you are not registered, a "**One Event Single Meet**" application for \$20, can be accepted at the meet. Be sure to include a copy of your USMS card with your entry.

**Rules** 2025 rules apply

**Events:** Swimmers may enter up to five individual events, plus relays. No charge for relays.

**Awards:** Ribbons will be awarded for 1st, 2nd, and 3rd places.

**Timing:** Hand-held stop watches will be used. Note: This is a Category I developmental meet – times will not count for Top Ten or Records.

**Fees:** \$20.00 for up to five individual events; \$5.00 surcharge for deck and late entries (received after February 21); \$1.00 surcharge for entries without 3 x 5 index cards. Make checks payable to **LISA WATSON.**

Mail to:  
Lisa Watson  
804 Howell Court  
Duluth, Georgia 30096 Phone #: (770) 497-1901  
[lisa.watson@ung.edu](mailto:lisa.watson@ung.edu)

**Entries:** Indicate events desired on the entry form--circle event # and provide seed time; use NT for No Time. Please fill out a 3 x 5 index card for each event entered. Include name, age, sex, event number/name, and seed time. EXAMPLE:

Bob Kohmescher	76
Event #: 6	1:55
100 yard breast	
(leave room for timers)	

**Seeding:** Entries received by February 21 will be seeded. Women's heats will precede men's heats. Sexes may be combined for some heats. NTs will be placed in slower heats, except for the 500 free, which is fast to slow.

**COVID-19 Guidelines:** Any current COVID-19 guidelines should be followed. If you have tested positive recently or are showing symptoms of illness, please do not attend.



**West Gwinnett Park Short Course Yard Developmental Meet  
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**ENTRY FORM**

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

SEED TIME	EVENT	SEED TIME	EVENT
	1. 500 yard Free/400 Individual Medley.		9. 200 yard Individual Medley
	2. 50 yard Breaststroke		10. 50 yard Butterfly
	3. 100 yard Backstroke		11. 100 yard Freestyle
	4. 200 yard Butterfly		12. 200 yard Breaststroke
	5. 50 yard Freestyle		13. 50 yard Backstroke
	6. 100 yard Breaststroke		14. 100 yard Butterfly
	7. 200 yard Backstroke		15. 100 yard Individual Medley
	8. 25 yard Choice		16. 200 yard Freestyle
	MEDLEY RELAYS		FREESTYLE RELAYS

Circle event number and indicate seed time if known.

**Fees** (Make checks payable to LISA WATSON)

EVENTS (Swimmers may enter up to five individual events, plus relays)	\$20.00
SURCHARGE – Late and Deck Entries \$5.00	
SURCHARGE- Did not use 3x5 cards \$1.00	
TOTAL AMOUNT ENCLOSED	

**This is a Category 1 Developmental Meet – Times will not count for Top Ten or Records**

**Must sign USMS Liability Release on Back of 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 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 (circle) M F	Date of Birth (mm/dd/yyyy)
Street Address, City, State, Zip				
Signature of Participant				Date Signed