

2024 Saluki Closed Invite #2

Dual-sanctioned long course meters meet

Hosted By: Saluki Swim Club, Saturday, June 1, 2024

Held under the sanction of USA Swimming/Ozark Swimming, Inc,

Sanctioned by the Ozark LMSC for USMS Inc

LOCATION: Southern Illinois Univ., Student Recreation Center, Dr. Ed Shea Natatorium, 300 E. Grand Ave., Carbondale, IL

TIME: Warm-up 8am; Meet starts at 9am. Estimated finish: 12 pm.

PARKING: Parking in numbered spaces in lot 94 north of the Student Recreation Center now requires payment (\$0.50/hr) at the Pay Station near the north entrance of the building. Free parking on Saturday is available in the unnumbered spots in lot 94.

FACILITY: 50-meter indoor pool, ten lanes. The competition will be held in eight lanes and one lane will be available for continuous warm-up, warm-down throughout the meet. **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**

ELIGIBILITY: Current USMS membership required for competitors 18 and older who are not USA Swimming members. All Masters competitors must date and sign the USMS insurance liability waiver. USMS designated age groups 18+ apply. Per USMS/World Aquatics rules for long course meters meets, your age as of December 31, 2024, is used to determine your age group for the meet.

MEET CONDUCT: 2024 USMS Rules govern the conduct of the Masters events in this meet. All events will be timed finals. Masters heats will be swum slowest to fastest with genders and age groups combined. Masters swimmers will be seeded in separate events from USA Swimming athletes. Participants are limited to 3 events. Competitors attempting national or world records must notify the starter to assure that 3 timers are available, in addition to the electronic timing equipment. Split requests must be filed with the referee prior to the swim in the case of backstroke, or before the end of the meet for other strokes.

TIMERS: When you are not swimming or warming up/down, please help with timing.

ENTRY FEE: \$8 per swimmer, plus \$5 per event. Entries must be received by April 29, 2024.

Masters swimmers must complete the Masters entry form with seed times and mail it with signed USMS insurance liability waiver and check for entry fees payable to

Saluki Swim Club (please do not make checks to Saluki Masters)

**Mailed entries should be sent to
Saluki Swim Club
c/o Adam Lewis
235 Country Ln, Du Quoin, IL 62832**

**Entries must be received by May 20, 2024. Please give enough time for postal delivery.
Entries may also be given to Saluki Masters Coach Lily Glaeser during Masters swim practice.**

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Entry Form – Saturday, June 1, 2024, Sanctioned by the Ozark LMSC for USMS Inc.

Name:	Birth Date: _____	Age (as of Dec 31, 2024): _____	Gender: M / F
Address:	Home Phone: _____		
City: _____	State: _____	Zip: _____	USMS Registered Club Affiliation or Unattached: _____
2024 USMS Number: Attach copy of card.		Email Address: _____	
Emergency Contact Name: _____		Emergency Contact Phone: _____	

SEED TIME REQUIRED – Use yards times which will be converted by Meet Manager.

Print Times Legibly Maximum Entry – 3 events

<u>Event Number</u>	<u>Event</u>	<u>Yards Seed Time – choose no more than 3 events</u>
Event 3	100 FREE Masters	
Event 6	200 IM Masters	
Event 9	100 FLY Masters	
Event 12	100 BACK Masters	
Event 15	50 BREAST Masters	
Event 18	200 BREAST Masters	
Event 21	800 FREE Masters	

Please mail this completed form, signed insurance waiver, and check payable to Saluki Swim Club
(please do not make checks to Saluki Masters)

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The USMS insurance waiver (next page) must be signed and mailed with entry form.



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/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");

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, 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.
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	