



**U.S. MASTERS
SWIMMING**

**RCA' s Dive Into Fall Meet
The Community Pool
194 Wallace Street Lexington VA. 24450
Saturday, October 27,2018**

Sponsored By: Rockbridge County Aquatics
Sanctioned By: LMSC for Va. for USMS, Inc:
Meet Director: Craig Charley ccharley9@hotmail.com
Meet Referee: Beth Arnold arnoldeaa@gmail.com

Location: The Community Pool Address: 194 Wallace Street, Lexington, VA 24450. Telephone number: (540) 463-5441. This is a 6-lane, 25-yard Indoor pool with a semi-automatic electronic timing system including 6 lane scoreboard.

Eligibility: The standard Masters age groups will be used. All swimmers must be registered and must include a copy of their LMSC card. Virginia registration will not be available at the meet. **Entries:** \$5.00 per individual event plus a \$6.00 surcharge to help defray the costs of data entry, automatic timing, and printing. Relays will be deck-entered and deck-seeded at no cost. Deck entries will be accepted up until 30 minutes prior to meet starting time at a cost of \$8.00 per deck entry. A swimmer may enter a maximum of 5 events per day, plus relays.

Entry Deadline: Entries must be received no later than **Monday, October 22, 2018**, or they will be considered deck entries. The 500 is limited to the first 20 registered athletes.

Rules: Current USMS rules for Masters swimming will apply. No one will swim alone. Sexes and age groups will be combined where necessary. "NT" will be seeded arbitrarily. Heats will be swum slowest to fastest. A swimmer may enter a maximum of 5 events per day, plus relays. Events will be swum slowest to fastest.

Warm-up/Warm-down Procedures: Swimmers must enter the pool feet first in a cautious manner. Diving shall be permitted only from the blocks in the designated sprint lanes during warm-up. Instructions given by the designated Safety Marshall shall be obeyed at all times. Lane 6 will be maintained as continuous warm-up/warm-down lane during the entirety of the meet; **ABSOLUTELY NO DIVING WILL BE PERMITTED IN THIS LANE ONCE THE MEET HAS BEGUN.** Instructions given by the designated Safety Marshall shall be obeyed at all times. A swimmer may be disqualified at the discretion of the meet director or Meet Officials for failure to comply with these rules.

Awards: Awards *will* be given for first, second, and third place in each individual event by the standard Masters age groups. Awards will be given for relays.

Times and Results: Results will be posted on our website at www.rockbridgeswims.org. If you would like to have an individual set of results mailed to you, please make arrangements with the meet director. Times from this meet will not be eligible for USMS records, but will be eligible for Top 10 times and LMSC records.

Hospitality: We will offer a wide variety of refreshments for swimmers and officials throughout the meet.

Nearby Lodging: Holiday Inn Express (540) 463-7351, Comfort Inn-(540) 463-7311, Wingate Inn- (540) 464-8100

Directions: DIRECTIONS TO THE COMMUNITY POOL:

- Take 81 south to exit 191 (64 west) , • Take 1st exit 55 • At end of ramp, turn left on Route 11 south
- Stay on Route 11 for approximately 1 mile. • Cross bridge • Stay left on Route 11 bypass
- Follow Route 11 bypass for approximately 2 miles to the 1st stop light • Turn Right on Main (route 11)
- Take 1st right turn on Waddell street at the Farmers' Coop • Go straight through Maury River Middle School Parking lot.
- Turn left into Pool parking lot If anyone is taking route 60 west into Lexington, it will bring you all the way into town. Take a left off of route 60 onto Walker street (at the KFC). Take a right on Houston Street when Walker dead ends after a block or two. Take a left on Taylor street. Take a left on Wallace. Take a left at the Maury River Middle School parking lot and come up hill and turn left again into the Pool parking lot.

Sponsored by: Rockbridge County Aquatic Masters **Sanctioned By:** LMSC for Va. for USMS, Inc:

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSE BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

Please fill in the following:

Date:		Signature:	
Name (First, MI, Last):			
Gender:		USMS Number:	
Address:			
City:		State:	Zip:
Email:		Age as of 10/27/18:	
Phone Number (Day):		Cell Phone Number:	

Warm Ups: 2:00pm-2:45pm; Meet Starts at 3:00pm
At 1:15PM lanes 2 & 5 are one way sprints. Lanes 1,3,4,6 will remain as general warm-ups
****The 500 is limited to the first 20 registered athletes.****

<u>Women</u>	<u>Time</u>	<u>Event</u>	<u>Men</u>	<u>Time</u>
1	_____	**500 Freestyle**	2	_____
3	_____	100 Backstroke	4	_____
5	_____	50 Breaststroke	6	_____
7	_____	100 Butterfly	8	_____
9	_____	100 Individual Medley	10	_____
11	_____	200 Freestyle	12	_____
13	_____	50 Backstroke	14	_____
15	_____	200 Breaststroke	16	_____
17	<i>Deck Entered</i>	200 Medley Relay	18	<i>Deck Entered</i>
15 Minute Break				
19	<i>Deck Entered</i>	200 Freestyle Relay	20	<i>Deck Entered</i>
21	_____	50 Butterfly	22	_____
23	_____	400 Individual Medley	24	_____
25	_____	100 Freestyle	26	_____
27	_____	200 Backstroke	28	_____
29	_____	100 Breaststroke	30	_____
31	_____	200 Butterfly	32	_____
33	_____	200 Individual Medley	34	_____
35	_____	50 Freestyle	36	_____

A photocopy of your current USMS registration card must accompany your entry.

Event Fees:	
Total Events:	_____ X \$5.00 = _____
Surcharge:	\$6.00 \$6.00
Total Amount Enclosed: _____	
Make Checks Payable to:	
Rockbridge Storm	

Mail Entries to:
 Craig Charley
 219 Donald Lane
 Lexington, VA 24450

Questions? Contact Craig Charley ccharley9@hotmail.com or (540) 447-0326 after 4pm





**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");

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 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.
5. 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	