

Short Course Meters

Masters Swim Meet

USMS Sanction #
Sunday, October 15, 2023
at Milford High School Natatorium

Location: Milford High School Natatorium, 2380 South Milford Rd, Highland, MI 48357

Milford High School is 1.5 miles south of M-59, enter on Watkins Blvd. Pool entrance is located

on north end of school by the football field.

Venue: Short Course Meters / 6 Lane Pool. Warm Up & Cool Down Area and Electronic Timing.

There is plenty of parking and seating for spectators. Locker rooms are available. Huron Valley is not responsible for lost or stolen items so please bring a lock.

This meet will be swum as Short Course Meters (SCM). 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 107.2.1. The primary timing system will be automated with sound device at the start and swimmer touching the pad at the finish with the time recorded on a scoreboard. Official times from this automated timing system will be submitted for USMS Records and USMS Top Ten times for all courses. For Short/Long Course Meters the time will be submitted to FINA for Masters FINA

Top Ten and Masters FINA World Records.

Entries: On-Line Registration: \$35. Register Online at: www.michiganmasters.com.

Online registration closes Saturday, 10/14/23, at 5:00 PM.

Deck Entry Registration: \$45 Day-of, or Deck entry will close at 10:15am.

Swimmers may enter a maximum of 5 events and 2 Relays. All relays will be deck entered.

FINA rules apply to SCM Meets.

Your age on 12/31/2023 determines your age group.

By registering for this event you have bought a 'ticket'. As with a ticket to any sports or

entertainment events there are no refunds or credits of you are unable to attend.

Only current USMS members will be allowed to compete.

Eligibility: Sanctioned by Michigan for USMS

Session I Event 1 Check In & Warm Up: 8:00-8:30am

Schedule: Session I Starts 8:30 am and will consist only of the first 18 entries received for the 1500 Free.

We will contact you if you're **not** in the 1500. If not at max and you are coming early, we will

allow deck entries on a first come basis.

Session II Events 2-20 Deck Registration closes at 10:15am

Session II Warm Up: 10:30-11:00 Session II Begins at 11:00am

Meet Director: Samantha Snyder, coachsamusms@gmail.com Hospitality:

Snacks available during the meet.

Name	E-Mail			
Address	Date of Birth			
City:Zip	Sex: M or F DOB:			
Phone: ()	USMS#_			
Emergency Contact: Name and Phone Number_				

Event #	Session One Warm up 8:00 Events 8:30 am	Meters Seed Time
1	1500 Free	
	Session Two Warm-up 10:30 Events 11:00 am	
2	200 Medley Relay (M,W,X)	Deck Entry
3	200 Free	
4	50 Back	
5	100 Fly	
6	200 Breast	
7	50 Free	
8	200 IM	
9	200 Back	
	Intermission	
10	200 Free Relay (M,W,X)	Deck Entry
11	100 Breast	
12	50 Fly	
13	100 Free	
14	100 IM	
15	200 Fly	
16	100 Back	
17	50 Breast	

Make checks payable to: Milford Athletic Department



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 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.
- 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.

First Name	MI	Sex (check)		Date of Birth (mm/dd/yyyy)				
		M	F					
Street Address, City, State, Zip								
Signature of Participant			Date Signed					
	First Name	First Name MI	Sex (en	M F				

Revised 04/28/2022