

VIRGINIA COMMONWEALTH GAMES AT LIBERTY UNIVERSITY
SHORT COURSE ADULT SWIM MEET FOR 18 AND UP
USMS Recognition# - 127-R003

DATE: Saturday, December 9, 2017

LOCATION: Liberty University Natatorium

FACILITY: The facility will feature a nine-lane, 50-meter pool with a movable bulkhead. A separate 17-foot-deep diving well will include 1- and 3-meter springboards and a three-column tower, featuring 1, 3, 5, 7.5 and 10-meter platforms. The 25-yard wide pool can be divided into 20 lanes for short-course training, with an additional eight lanes in the diving well, allowing multiple teams to practice concurrently. The natatorium, currently under construction, is expected to open November 2017.

SPONSORED BY: Virginia Amateur Sports, Inc.

MEET DIRECTOR: Parker Spencer

MEET REFEREE: Roy Fisher

ELIGIBILITY: Standard USMS age groups will be used (18-24, 25-29, 30-34, 35-39, etc). Age for short course yards is determined by age of last day of meet which is December 9th.

SCY Relay team are groups (18+, 25+, 35+, 45+, 55+, 65+, 75+, 85+, 95+...) The age of the youngest relay team member shall determine the age group. Relay teams must swim in the oldest age group for which they are eligible.

ORDER OF EVENTS: Warm-ups: 8:20-8:40am. Specific warm-ups: 8:40-8:50am. Meet starts at 9:00 am. Swimmers will be able to enter the facility by 8:00 am.

| Evt # | Event | Evt # | Event |
|--------------|--|--------------|--|
| 1 | 1000 yards freestyle | 12 | 50 yards butterfly (not recognized event) |
| 2 | 200 yards medley relays (women/men/mixed)* | 13 | 200 yards breaststroke |
| 3 | 400 yards free relays (women/men/mixed)* | 14 | 100 yards backstroke |
| 4 | 50 yards breaststroke (not recognized event) | 15 | 500 yards freestyle |
| 5 | 200 yards individual medley | 16 | 400 yards medley relays (women/men/mixed)* |
| 6 | 200 yards backstroke | 17 | 200 yards butterfly |
| 7 | 50 yards freestyle (not recognized event) | 18 | 50 yards backstroke |
| 8 | 100 yards butterfly | 19 | 100 yards freestyle |
| 9 | 100 yards breaststroke | 20 | 200 yards free relays (women/men/mixed)* |
| 10 | 400 yards individual medley | 21 | 1650 yards freestyle |
| 11 | 200 yards freestyle | 22 | 800 yards free relays (women/men/mixed)* |

*Relays: There will be one heat of each relay; Women, Men and Mixed relays will be swum in the same heat. All relays will be deck entered.

ENTRIES: \$13.00 per event; \$10.00 surcharge to help defray cost of equipment rentals, mailing, medals, etc. Relays will cost \$15.00 per each relay entered. Relays will be deck entered and deck seeded. Swimmers may enter up to six (6) individual events plus relays. **There will be an additional \$5.00 fee for all mail-in registrations.**

ENTRY DEADLINES: **ENTRIES ARE DUE BY December 5, 2017.** Be sure to sign the liability waiver. If you are a registered USMS swimmer, you must provide a copy of your 2017 USMS card. Paper entries should be mailed to the address at the bottom of this page. **Online entries are available at www.Commonwealthgames.org.**

RULES: Current USMS rules on Masters swimming will apply. No one will swim alone in a heat. Swimmers will be seeded according to times; heats will run slowest to fastest. Men and women will swim together. Swimmers will be expected to cooperate with the safety marshal who will monitor warm-ups. No diving during warm-ups except in designated lanes.

AWARDS: Medals will be awarded for 1st through 3rd places in each event in each age group and also for relays.

**VIRGINIA COMMONWEALTH GAMES AT LIBERTY UNIVERSITY
SHORT COURSE STATE SWIM MEET FOR 18 AND UP**

NAME: _____ **DATE OF BIRTH:** _____ **SEX:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

AGE (12/31/2017): _____ **PHONE:** _____ **E-MAIL:** _____

USMS#: _____ **USMS TEAM:** _____

(Attach copy of your registration card if you are a registered USMS swimmer. If you are not a registered USMS swimmer, you do not have to complete the USMS number and team information.)

All participants must sign the following liability waivers on the next 2 pages or you will NOT be permitted to Swim!

Please enter seed times for meters. If you do not have any times for meters, add 10% to your yard times. Relays may be entered on the day of the meet. Relay forms will be available at check-in.

| Evt # | Seed Time | Event | Evt # | Seed Time | Event |
|--------------|------------------|---|--------------|------------------|---|
| 1 | | 1000 yards freestyle | 12 | | 50 yards butterfly |
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| 3 | | 400 yards free relays (women/men/mixed)* | 14 | | 100 yards backstroke |
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Number of Events _____ x \$13.00= _____
 \$10.00 surcharge per entry _____ \$10.00
 \$15.00 relay fee per relay: _____ x \$15.00= _____

Total amount included: _____

MAKE CHECKS PAYABLE TO:
 VIRGINIA AMATEUR SPORTS, INC.
 711-C 5th Street, NE
 Roanoke, VA 24016



**U.S. MASTERS
SWIMMING**

Make sure to sign the additional waivers on the following pages!

**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 |
|--------------------------|-------------|

Revised 07/01/2014

Commonwealth Games Release and Waiver of Liability

I AM AWARE THAT DURING MY PARTICIPATION AND ATTENDANCE AT THE VIRGINIA COMMONWEALTH GAMES AT LIBERTY UNIVERSITY ("GAMES") AND RELATED SERVICES AND ACTIVITIES, VIRGINIA AMATEUR SPORTS, INC AND ITS AGENTS, EMPLOYEES AND ASSOCIATES ("SPONSOR") WILL BE PROVIDING VARIOUS FACILITIES AND ARRANGEMENTS FOR THE GAMES, AND THAT CERTAIN RISKS AND DANGERS MAY ARISE, INCLUDING BUT NOT LIMITED TO HAZARDS INHERENT IN THE SPORT (S) IN WHICH I WILL BE TRAINING, PREPARING OR COMPETING; NEGLIGENT OR OTHER CARELESS ACTS AND OMISSIONS BY OTHER PARTICIPANTS, SPECTATORS AND THE SPONSOR; AND HAZARDS OR DANGEROUS CONDITIONS OF THE FACILITIES AND GROUNDS USED AS A PART OF THE GAMES.

IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY BY THE SPONSOR AND THE RIGHT GRANTED TO ME TO PARTICIPATE IN AND ATTEND THE GAMES AND RELATED ACTIVITIES, I DO HEREBY ASSUME ALL THE ABOVE RISK, AND AGREE THAT, IN THE EVENT OF AN INJURY TO ME AS A RESULT OF AN ACCIDENT WHICH OCCUR DURING MY INVOLVEMENT AND PARTICIPATION OF THE GAMES, MY RECOVERY AGAINST THE SPONSOR, SHALL BE LIMITED TO A CLAIM FOR MEDICAL EXPENSES INCURRED AS A RESULT OF THE INJURY, AND ONLY TO THE EXTENT THAT SUCH MEDICAL EXPENSES ARE NOT OTHERWISE COVERED OR PAID BY MY INSURANCE COVERAGE, MEDICAL OR OTHERWISE. FURTHERMORE, FOR THIS CONSIDERATION, I AGREE TO PRESENT MY CLAIM FOR THE PERSONAL INJURY TO THE SPONSOR WITHIN SIX (6) MONTHS FROM THE DATE OF INJURY; IF I FAIL TO DO SO, I AGREE THAT I WILL HAVE WAIVED ANY AND ALL RIGHT I HAVE TO RECOVER AGAINST THE SPONSOR FOR SAID INJURY.

ADDITIONALLY, IN CONSIDERATION AND ACCEPTANCE OF MY ENTRY BY THE SPONSOR AND THE RIGHT TO PARTICIPATE IN AND ATTEND THE GAMES AND RELATED ACTIVITIES, I CONSENT TO RECEIVE ANY AND ALL EMERGENCY MEDICAL TREATMENT AS MAY BE DEEMED APPROPRIATE UNDER THE EXISTING CIRCUMSTANCES AS THEN DETERMINED BY THE SPONSOR OR ITS AGENTS. I ALSO GRANT VIRGINIA AMATEUR SPORTS, INC. PERMISSION TO USE LIKENESS, VOICE, AND WORDS IN TELEVISION, RADIO, FILM, OR IN ANY FORM TO PROMOTE ACTIVITIES OF THE VIRGINIA COMMONWEALTH GAMES AT LIBERTY UNIVERSITY. I ALSO UNDERSTAND THAT THERE WILL BE NO REFUNDS.

PARTICIPANTS SIGNATURE _____

PRINT NAME: _____ DATE: _____