



Diversity in Aquatics
HBCU Celebration Swim Meet
Saturday, December 17, 2022
Sanction No. 452-S006

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

Time: Saturday--Warm ups at 6:00 AM – 6:45 AM
Meet begins at 7:00 AM

Location: Samuel H. Archer Hall Recreation and Fitness Center
876 Atlanta Student Movement Blvd.
Atlanta, GA 30314

The pool is a 6-lane SCY pool. 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: The meet is open to all persons 18 years and older as of **December 17, 2022**. USMS registration is required. If you are not registered, your application can be accepted at the meet. Be sure to include a copy of your USMS card with your entry.

Rules: 2022 USMS rules apply.

Events: Swimmers may enter up to 3 individual events and 2 relays.

Awards: Awards will be given to top teams for both men's and women's categories. Medals will also be given to the top 3 finishers in each event category and relays.

Timing: Touchpads/electronic timing with hand/stopwatch backup. Times will count toward USMS Records and Top Ten.

Fees: \$25 Meet Entry fee (up to three individual events, plus two relays); \$20.00 Relay-Only swimmer.

Day-of-meet. deck entries. Will be available for \$50.00 (meet entry) or \$40.00 (relay-only-entry) and can be paid at the pool. Make checks payable to **Diversity In Aquatics Inc.**

Entry Deadline: Wednesday, December 14th 11:59PM

Parking: Available at Brown Street SW, Atlanta, GA 30314.

Seeding: Entries received by **December 14th** will be seeded. Women's heats will precede men's heats. Genders may be combined for some heats. NTs will be placed in slower heats.

COVID GUIDELINES: Standard COVID-19 guidelines should be observed. All visitors are strongly encouraged to wear a mask (except when swimming, of course). There will be a USMS form on COVID guidelines that all attendees (swimmers, supporters, volunteers) should fill out at the registration desk. If you have tested positive for the virus, showing symptoms or have been exposed within the past two weeks, do not attend.

Link to online Entry

https://www.clubassistant.com/club/meet_information.cfm?c=2629&smid=15481

Direct questions to: Miriam@DiversityInAquatics.org



**Diversity in Aquatics
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Saturday, December 17, 2022
Entry Form**

Name		Gender	Age	DOB
Address			Cell phone	
City			State	Zip
USMS#	Team		Email	

Circle event number and enter seed time if known

	EVENT	Gender	Seed Time
1	200y Medley Relay (Women)		
2	200y Medley Relay (Men)		
3	200y Medley Relay (Mixed)		
4	50y Butterfly		
5	50y Backstroke		
6	50y Breaststroke		
7	50y Freestyle		
8	200y Freestyle Relay (Women)		
9	200y Freestyle Relay (Men)		
10	200y Freestyle Relay (Mixed)		

Make checks payable to: Diversity In Aquatics Inc.

All events	\$25.00	\$
Late and Deck Entries	\$50.00	\$
TOTAL Amount Enclosed		\$

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");

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.
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 (check) M F	Date of Birth (mm/dd/yyyy)
Street Address, City, State, Zip				
Signature of Participant			Date Signed	



**U.S. MASTERS
SWIMMING**

USMS COVID-19 Attendee Screening Form

The following form is based on CDC guidance and must be completed by all attendees (swimmers, volunteers, officials, and facility staff) in the 24 hours prior to the event and submitted prior to entering the facility. If the answer to any of these questions is yes, the participant shall not attend the event unless clearance is given by their medical provider.

Name Printed		Date	
Name Signature		Temperature	

In the past 48 hours, have you had any of the following symptoms?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Fever of 100.4 F (38 C) or above	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cough
Yes <input type="checkbox"/> No <input type="checkbox"/>	Trouble breathing, shortness of breath, or severe wheezing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Muscle aches
Yes <input type="checkbox"/> No <input type="checkbox"/>	Chills or repeated shaking with chills	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sore throat
Yes <input type="checkbox"/> No <input type="checkbox"/>	Loss of sense of smell or taste, or a change in taste	Yes <input type="checkbox"/> No <input type="checkbox"/>	Headache
Yes <input type="checkbox"/> No <input type="checkbox"/>	Nausea, vomiting, or diarrhea		

Yes <input type="checkbox"/> No <input type="checkbox"/>	Within the past 14 days, have you been in close proximity (6 feet or closer for a cumulative total of 15 minutes) to any individual who tested positive for COVID-19 or has symptoms consistent with COVID-19?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently waiting on the results of a COVID-19 test?

The event host shall keep all original USMS COVID-19 Attendee Screening Forms for no less than 90 days following the completion of the event or until directed by USMS to dispose of them.