



Kentucky Masters Long Course Mini-Meet
Sunday, July 17, 2022

SANCTIONED BY THE KENTUCKY LMSC FOR UNITED STATES MASTERS SWIMMING, INC
SANCTION NUMBER **412-S002**

EVENTS:	<u>Event #1</u>	200-meter medley relay
	<u>Event #2</u>	50-meter freestyle
	<u>Event #3</u>	50-meter backstroke
	<u>Event #4</u>	100-meter freestyle
	<u>Event #5</u>	50-meter butterfly
	<u>Event #6</u>	50-meter breaststroke
	<u>Event #7</u>	200-meter individual medley
	<u>Event #8</u>	200-meter freestyle relay

SPONSORED BY: Kentucky Local Masters Swimming Committee

LOCATION: Lakeside Swim Club, 2010 Trevilian Way, Louisville, KY 40205-2142
502.454.4585, www.lakesideswim.com

POOL: 10-lane, 50-meter competition pool & 4-lane, 25-yard warm-up/cool-down pools with non-turbulent lane dividers and open "lake" area in diving well. The primary timing system will be automatic (Colorado Timing Systems). Times can be submitted for world records, USMS records, and USMS Top Ten consideration. The length of the competition course is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2.1.

SCHEDULE: Doors open: 7:00 a.m.
Competition pool warm-ups: 7:15 - 7:55 a.m.
Meet start: 8:00 a.m.

Event #1: 200-meter medley relay
10-minute break
Events #2-7
10-minute break
Event #8: 200-meter freestyle relay

Meet conclusion: 10:50 a.m. or earlier

ENTRY FEES: \$10 per swimmer (entries received before 12:00 p.m. 7/15/22)
\$20 per swimmer for deck entries (entries received after 12:00 p.m. 7/15/22)
Cash or check only. Make checks payable to: Lakeside Masters

ELIGIBILITY: All swimmers must have an active registration with U. S. Masters Swimming at the time of registration. No exceptions. Each swimmer is responsible for their proof of USMS registration and may be required to show it upon request by meet officials. **SWIMMERS MUST INCLUDE USMS MEMBER # OR A COPY OF THEIR USMS CARD WITH THEIR REGISTRATION.** The meet entry form should display your name and USMS number as it appears on your registration records with USMS. All swimmers shall represent their USMS Club and not their Workout Group. All swimmers must reside or be registered in the Kentucky LMSC with USMS.

AGE The age reported on your entry form must reflect your actual age as registered with USMS. A swimmer's age on December 31, 2022 determines their age for this meet.

MEET ENTRY: (1) Paper entries can be received in person or by mail at Lakeside Swim Club.
(2) Paper entries can also be emailed to wkolb@lakesideswim.com.
(3) Online entry is available at www.kylmsc.org/mini-meet.
Swimmers should place the name of their club on their entry form. Swimmers not attached to a club should note "UC" followed by their LMSC number (Kentucky is 41) on their entry form.

MEET ENTRY DEADLINE & DECK ENTRIES: The meet entry deadline is **Friday, July 15, 2022 at 12:00 p.m.** Deck entries for **all events** will be accepted until **Sunday, July 17, 2021 at 7:30 a.m.** provided there is room available. Any entry received after the entry deadline will be considered a deck entry and will be placed in the meet in the order it was received. There is a \$10 surcharge for all deck entries.

RELAY ENTRY: Relay teams may be entered as MEN, WOMEN, or MIXED. Teams of all types will be seeded together in the same heats and scored separately. A swimmer may not swim on both a mixed and a same-sex team in the same event. All relays will be deck seeded. Relay cards may be picked up from the Clerk of Course table by a coach or USMS Club representative. Each card shall include each swimmer's info in order swum on the relay; first name, last name, meet age, and sex. The total age of the four relay team members shall determine the age group in which the relay competes. **Relay cards should be returned to the head table by no later than 7:40 a.m** There shall be no "exhibition" relay swims.

PARTICIPANT WAIVER: Entries are not complete without a signed and dated PARTICIPANT WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT attached to this document.

MAIL TO: KY MASTERS MINI-MEET **EMAIL TO:** wkolb@lakesideswim.com
C/O WILLIAM KOLB
2010 TREVILIAN WAY **WEBSITE:** www.kylmsc.org/mini-meet
LOUISVILLE, KY 40205

- SEEDING:** The meet will be seeded without entry times. **Final heat and lane assignments will be posted by 7:55 a.m.** at the venue on the day of the meet. Swimmers are responsible for reporting to the blocks when their heat is called.
- SPLIT REQUESTS:** Swims that meet the requirements of USMS Rule 105.2.2, lead-off splits for relays will be submitted to USMS for all lead-off swimmers.
- CHECK-IN:** All swimmers shall check in at the registration desk upon arrival at the facility. Swimmers shall be required to have the complete entry form filled out and signed before they enter the pool for warm-up.
- WARM-UP PROCEDURE:** Swimmers must enter the pool feet-first in a cautious manner. Diving shall be permitted only from the blocks in the designated sprint lane during the warm-up period. No diving in the 25-yard warm-up pool.
- PROTESTS:** Any protest concerning, eligibility, entries, seeding, or final results will be addressed to the meet director or referee. The protest shall be made by the team representative only. (USMS rules 102.14).
- RESULTS:** Results will be emailed to participants and posted online at: kylmsc.org/results and lakesideswim.com/teams/masters-swim-team following the of the meet.
- FACILITY RESTRICTIONS:** Lakeside is a smoke and tobacco-free facility. Alcoholic beverages, glass containers and cans are prohibited. Lakeside is closed to its members and guests for the duration of this meet. Non-club members must depart the facility at the completion of the swim meet. Spectators are welcome.
- PARKING:** Parking is restricted to street parking only.

MEET DIRECTOR: **WILLIAM KOLB**
2010 TREVILIAN WAY
LOUISVILLE, KY 40205
w. 502-454-4585 x 231
e. wkolb@lakesideswim.com

MEET REFEREE: **MARY GRAVES**
2010 TREVILIAN WAY
LOUISVILLE, KY 40205
w. 502.454.4585 x 225
e. mtgraves@lakesideswim.com



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ENTRY FORM -- PLEASE PRINT

NAME: _____ **USMS #:** _____
(Please print this info as it appears on your USMS registration)

DATE OF BIRTH: _____ **AGE ON 12/31/22:** _____

CLUB: _____
(All swimmers shall represent their USMS Club and not their Workout Group)

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

RELATION: _____

PHONE: _____

EVENTS

#1 -- 200-meter medley relay
circle one: mixed men's women's any

#2 -- 50-meter freestyle

#3 -- 50-meter backstroke

#4 -- 100-meter freestyle

#5 -- 50-meter butterfly

#6 -- 50-meter breaststroke

#7 -- 200-meter individual medley

#8 -- 200-meter medley relay
circle one: mixed men's women's any

FEES

- \$10 per swimmer

- \$20 per swimmer for deck entries
(received after 7/15/22 at 12:00 p.m.)

Cash/check only. Payable to: **Lakeside Masters**

ENTRY INSTRUCTIONS

Mail to: **KY MASTERS MINI-MEET
C/O WILLIAM KOLB
2020 TREVILIAN WAY
LOUISVILLE, KY 40205**

Email to: wkolb@lakesideswim.com



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");

- 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.
- 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.
- 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.
- 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.
- 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.

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	

Revised 04/28/2022