



# Maria Thrash Memorial Meet

March 26-27, 2022

Raymond Arthur Bussard Aquatic Center  
3119 Shallowford Rd NE, Atlanta, GA 30341

## SANCTION

Sanctioned by Georgia LMSC for USMS: **452-S001**

## FACILITY

Raymond Arthur Bussard Aquatic Center at 3119 Shallowford Road, Atlanta, GA, 30341. The pool is an indoor 10-lane, 25-yard pool, seven feet deep throughout. ***The length of the competition course has been certified and is in compliance and on file with USMS in accordance with articles 105.1.7 and 106.2.1; Times will count for USMS records and Top 10 submission.*** There will be anywhere from 5 to 23 lanes available for warm-up/warm-down. (Swimmers are reminded that USMS safety rules dictate a feet first entry in the warm-up/warm-down lanes except where designated.) Non-turbulent lane lines and automatic timing will be used. Athletes will have use of the shower and restroom facilities. There is ample onsite parking.

The Dekalb County Fire Marshall dictates that folding chairs will not be allowed on the pool deck.

## RULES & ELIGIBILITY

Current USMS rules apply.

The event is open to USMS registered swimmers at least 18-years-of-age as of March 26, 2022.

**A copy of your 2022 USMS card must accompany your entry in order for it to be processed.**

## ENTRY DEADLINE

Paper entries must be received by Friday, March 18<sup>th</sup>, 2022.

Entries received after this date will be handled as **deck entries**.

**Online entries close Tuesday, March 22, 2022 - 11:59PM**

**Online Entries:** [https://www.clubassistant.com/club/meet\\_information.cfm?c=2396&smid=14295](https://www.clubassistant.com/club/meet_information.cfm?c=2396&smid=14295)

## ENTRIES

A swimmer may enter a maximum of four (4) individual events per day, exclusive of relays. Use the attached entry form. Relays will be deck seeded using forms available at the meet. All relay swimmers must be registered and entered in the meet. Deck entries will be accepted during Session I warm-ups on Saturday until 10:45am, with a \$10.00 late fee. (Late entries will be seeded into empty lanes when available. New heats will not be created to accommodate late entries.)

**Events will be seeded as “Mixed Gender”, by seed time.**

The clerk of course will close at 12:00pm.

## 1000 FREESTYLE SWIMMERS

The 1000 free is limited to the first 30 entries. You may designate a “5<sup>th</sup>” event for Saturday should the 1000 be full. Make sure your 5<sup>th</sup> event is well marked or we will drop the last event listed for Saturday if needed.

## **CLERK OF COURSE**

The meet will be managed by the Clerk of Course. Questions concerning entries and results will be handled by the Clerk during the meet.

## **FEES**

**One day:** \$40.00 **Two days:** \$60.00

Deck entry add \$10.00 late fee.

There will be **no charge** for relay events.

**There will be NO REFUNDS.**

## **SEEDING**

Heats will be slow to fast:

**The 1000 free, 500 free and 400 IM will be swum slow to fast.**

## **MEET SCHEDULE**

### **Saturday: Session I:**

Pool opens for warm-ups at 9:00 a.m.

1000 Freestyle starts at 9:45 a.m..

### **Saturday: Session II:**

Relay entries for events 3/4/21 are due by 10:15a.m.

Warm-up for at least 30 minutes at the conclusion of the 1000 freestyle. Meet will not begin before 10:30a.m.

### **Sunday:**

Relay entries for events 25/26/41 are due by 10:00 a.m. Warm-ups at 9am Competition begins at 10:00am

**Concessions:** Will NOT be offered at the meet

## **DIRECTIONS to POOL**

Interstate 85 to exit #93 (Shallowford Road). Go north on Shallowford 1.3 miles; the Dynamo Swim Center is on the right side of the road.

## **MEET DIRECTOR**

Jesse Lewis - [meetdirector@dynamoswimclub.com](mailto:meetdirector@dynamoswimclub.com) (770-457-7946 Ext. 114)

**Notes:** Masters swimming is a strenuous activity and each participant is advised to consult a physician before participating in such a program. Due to stipulations in the Dynamo Swim Center's insurance policy, you must be registered with USMS to participate in the meet. **NO CHILDREN or NON-REGISTERED GUESTS** will be allowed in the pools during the weekend.

# Dynamo Masters Swim Team -Maria Thrash Memoria Meet

March 26-27, 2022

Atlanta, GA

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

USMS# \_\_\_\_\_ Team\* \_\_\_\_\_ Team Abbreviation\* \_\_\_\_\_

**Your entry will not be processed without a copy of your 2022 USMS Registration Card.**

**\* For in-state meets GAJA Super Team swimmers should use their Chapter Designation as their team, rather than GAJA.**

## Saturday

	Seed time	Event
(Circle)		
1	_____	1000 Free
2	_____	200 Freestyle Relay-Women
3	_____	200 Freestyle Relay- Men
4	_____	200 Butterfly
5	_____	50 Freestyle
6	_____	200 Breaststroke
7	_____	100 Backstroke
8	_____	200 Freestyle
9	_____	50 Butterfly
10	_____	50 Breaststroke
11	_____	400 IM
12	_____	200 Free Relay-Mixed

## SUNDAY

	Seed time	Event
(Circle)		
13	_____	500 Free
14	_____	200 Medley Relay-Women
15	_____	200 Medley Relay-Men
16	_____	200 IM
17	_____	50 Backstroke
18	_____	100 Freestyle
19	_____	100 Breaststroke
20	_____	100 Butterfly
21	_____	200 Backstroke
22	_____	100 IM
23	_____	200 Medley Relay-Mixed

**Maximum of four individual events per day. The 1000 freestyle is open to the first 30 entrants.**

**Saturday:** Warm-ups: 9am, competition: 9:45 a.m. **There will be a 30 minute warm-up at the conclusion of the 1000.**

Afternoon session starts no earlier than 10:30am

**Sunday:** Warm-ups: 9:00 a.m., competition: 10:00 a.m.

<b>Fees</b>	<b>Make checks payable to: Dynamo Parents' Club</b>
<b>One Day \$40.00</b>	<b>c/o Masters Meet</b>
<b>Two Days \$60.00</b>	<b>3119 Shallowford Rd</b>
<b>Deck Entry \$10.00 late fee added</b>	<b>Atlanta Ga 30341</b>
<b>No Refunds</b>	
<b>Total Cost : _____</b>	

**\*\*Entries without a copy of your 2022 USMS registration and signature will not be processed**

**All participants 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 or have traveled to or from a highly impacted area, I will not attend an Event for at least two weeks after exposure or symptoms have subsided or I have returned from a highly impacted area. In addition, if I discover I have been exposed to a suspected or positive case of COVID-19 or have tested positive for COVID-19, I will notify the USMS 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.

**Revised 5/26/2020**

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	



## 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 <small>Printed</small>		Date	
Name <small>Signature</small>		Temperature	
<b>In the past 48 hours, have you had any of the following symptoms?</b>			
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.