Genesis Health Club - PAC Masters Swim Meet

Date/Times: Sunday, Nov.2, 2025. Meet starts at 11 a.m. Check-in and warm-up 10 a.m.

Sanctioned: Southern Masters Swimming for USMS, Inc

Sanction Number: Submitted to USMS

Location/Host: Genesis Health Club-PAC/ 1170 Meadowbrook Blvd./ Mandeville, La 70471

Course/Timing: 6-lane outdoor heated pool, 25 yards, minimum 4' depth.

Four to Five lanes will be used for competition.

Timing with two watches per lane.

Stopwatch timing with two watches per lane. Times from this competition will be eligible for

USMS records and USMS Top 10 consideration, but not for world records. Warm-up and swim-down lanes are available throughout the meet.

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The length of the competition course without a bulkhead complies and is on file with USMS by

USMS articles 105.1.7 and 107.2.1.

Rules: USMS rules will govern this meet. A current USMS card or One Event Membership (OEM)* is

required. All events will be timed finals and seeded slow to fast. COVID-19 rules based on

guidelines/mandates by the LA state government will apply.

*OEM If you are not a USMS member, please download the OEM form and make a separate \$20 check

to Southern Masters Swimming. The link below can be copied and pasted. https://www.usms.org/volunteer-central/guide-to-local-operations/lmsc-

operations/registration/registration-procedures/one-events

Entries: Entries dropped off or emailed on or before Wednesday, Oct. 29. Email entries must be paid by

credit card payment. We discourage mailed entries, but if necessary, please postmark them by

Oct. 15 and purchase a return receipt.

Enclose a photocopy of your 2025 USMS Registration Card. Fee is \$40. Late and deck entries

will be charged \$50. Late entries space available. No new heats formed.

Fees: Make checks payable to: Genesis Health Club or include CC # on entry blank.

If you wish to be contacted for your CC #, place "contact me for CC" in the blank.

Deliver to: Anne Wanner C/O Genesis Health Club-PAC 1170 Meadowbrook Blvd., Mandeville, La 70471.

Email: <u>annewanner5625@gmail.com.</u>

Online waiver: An online waiver form link will be emailed to all participants Please fill it out before arrival.

Entry Confirmation: Entry confirmations sent by Thursday, Oct. 30. If you don't receive confirmation, contact Anne

Wanner by Saturday at noon.

Check-In: All pre-registered swimmers must check in by 10 a.m. New entries close at 9:30 a.m.

Age Groups: Standard Masters age groups apply. Age on the day of the meet determines the age group.

Limit of Events: The limit is five individual events and one relay

Results Results will be emailed to individual or team director/coach by Nov. 10th.

Refreshments Post meet food/beverages by Swinel Ritchie! Please indicate your interest in participating on the

entry form.

Meet Director: Anne Wanner: annewanner5625@gmail.com (423-260-1151)

Meet Assistant Ginger Spansel. spanselginger@gmail.com (214) 458-4229

Meet Assistant Charlie Hoolihan, charliehoolihan@gmail.com (985) 966-9594

MEET ENTRY FORM

Email confirmations sent Thu. Oct. 30. Contact Anne Wanner by Sat., Noon, if you have not received one.

Name		Date of Birth	Age (as of 03/30/25) Sex				
Address		City/State/Zip					
E-Mail		Phone		USMS#			
Team Name		Abbreviation	Team Rep email				
yards times. Use	desired event numbers for a "NT" if you have no time discretion of the <u>meet</u>	me for an event. Entrie	s must be received by V	Wednesday, Oc	et. 29. Late entries		
Women	Men		Event	Time (ya	rds)		
1	2	200 fl	y *	``	,		
3	4	200 b					
5	6	200Breast*					
7	8	50 fre	ee				
9	10	100 fl	\mathbf{y}				
11	12	200 F	ree				
13	14	50 ba					
15	16	50 br					
17	18	100 I					
19	20	100 b					
21	22	100 fr					
23	24	200 II					
25	26	100 b					
27	28	50 fly					
29	30	500 fi					
31		200 N	1ixed Free Relay				
events. Only a 1 i	200 fly, back and breast prinute break between ev	ents will be taken. ** (Counter required for 500	0.	•		
Signature		Date					
Attending post r	neet food and beverage	e served approximate	ely 130- 2 p.m.? Yes _	Yes, to go_	No		
Fees: \$40.00 _	(payable to	o Genisis Health Clu	b) Late Fee: \$50 (aft	er Wednesda	y, Oct. 30)		
Check number _	Credit Card	CC #	Ex	: date	SC#		
Genisis-PAC on	aline waiver form link v	vill be emailed to you	ı. Please fill it out bef	fore arriving.			

Proof of USMS membership (a copy of your current USMS registration card or a copy of your USMS application form) or an OEM form*) AND a filled-out application form with a check must accompany this entry form. You must sign the liability release and include a check or CC # with your entry. Entries with a correct email address will receive confirmation on Oct. 30.

Make OEM payment to Southern Masters Swimming

Please read and fill out the USMS waiver on the next page



US MASTERS PARTICIPANT WAIVER AND RELEASE OF LIABILITY, SWIMMING 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. Lagree to be familiar with and to abide by the Rules and Regulations established by LISMS, including any safety regulations. Lagreet to be familiar with and to abide by the Rules and Regulations established by LISMS, including any safety regulations. Lagreet to be familiar with and to abide by the Rules and Regulations established by LISMS, including any safety regulations.
- 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)
			111	
Street address, City, State, Zip				
Signature of Participant	Do	ate Signe	rd	