



*Rainbow Trout Fall Splash Invitational  
GA Tech Campus Recreation Center (CRC)  
September 19, 2021*

**Hosted by:** Atlanta Rainbow Trout  
**Meet Director:** Shayne Lastinger

**USMS Sanction #:** 451-S004  
**Date:** September 19th, 2021

**Time:** The meet will have warm-ups start at 9AM; meet starts at 10AM.

**Facility:** Georgia Tech Campus Recreation Center (CRC). 10 Lanes, Long-Course Meters. 8 Lanes for warm-up/warm-down continuously running through the meet. <http://www.crc.gatech.edu/aquatics/>

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, but as a bulkhead course, is subject to length confirmation. Eligibility of times for USMS Top 10 and Records will be contingent on verification of bulkhead placement.

A separate warm up pool will be available throughout the meet.

**Address:** 750 Ferst Dr NW, Atlanta, GA 30318. Limited parking passes will be available to park along Tech Parkway. We ask that all entrants please carpool. Nearby lots are available at an hourly rate. Please see a parking pass attendant at the back entrance of the CRC (along tech parkway) for a parking pass.

**Eligibility:** The meet is open to all persons 18 years and older as of September 19<sup>th</sup>, 2021. Your age on December 31<sup>st</sup>, 2021 determines your age at the meet. USMS REGISTRATION IS REQUIRED. If you are not registered, your application can be accepted at the meet. **Please include a copy of your USMS card with your registration.**

**Covid-19:** Due to the pandemic, we will only accept the first 150 registrants. We will follow CDC guidelines and provide updates within one week of the event regarding spectators, and locker room policies.

**Events:** Swimmers may enter up to 5 individual events per day and 3 relays.

**Awards:** Ribbons will be awarded for 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> places. Individual High point winners will receive an award.

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

**Scoring:** Top eight finishers will score as follows: 20, 17, 16, 15, 14, 13, 12, 11 for Individual events and 40, 34, 32, 30, 28, 26, 24, 22 for relays.

**Fees:** \$70 covers facility and meet costs.

**Seeding:** All events will be seeded in advance and slowest to fastest. Men and Women will be seeded together based on time.

Relays will be deck-seeded and relay heat/lane assignments posted at the meet. Psych sheets will be posted at [www.georgiamasters.org](http://www.georgiamasters.org) around September 10<sup>th</sup> (depending on the number of late entries being processed).

**Relays:** Entries for events 3-5 and 12-14 will be due at 9:30 AM. Entries for events 22-26 will be due at 12:30 PM.

**Entry deadline:** Paper entries must be received by Wednesday, September 14th. Mailed entries received after that date will be assessed a \$10 late fee. No new heats will be created to accommodate late entries.

**ENTER ONLINE at** [https://www.ClubAssistant.com/club/meet\\_information.cfm?c=2176&smid=13582](https://www.ClubAssistant.com/club/meet_information.cfm?c=2176&smid=13582) until September 13th at 11:59PM. No late fee with online registration!



**Include a copy of your USMS Card!**

Last Name:		First Name:		Middle Initial:
Date of birth:	USMS#:	Team/Club Affiliation (NOT GAJA):		
Gender:	Email address:			

Circle the event number, and provide your best Short-Course Meter (25M) time for each event you plan to enter. No deck entries will be accepted for Individual events. Maximum of 5 individual events per day. **400 IM and 800 Free limited to the first 10 entries.**

Warm ups 9 AM; Meet Starts 10AM.					
#	EVENT	Time (00:00:00)	#	EVENT	Time (00:00:00)
1	800 Free		13	Mixed 400 Medley Relay	
2	400 IM		14	100 Back	
3	Women 200 Free Relay		15	50 Fly	
4	Men 200 Free Relay		16	200 Free	
5	Mixed 200 Free Relay		17	100 Breast	
6	50 Breast		18	200 Fly	
7	100 Free		19	50 Free	
8	100 Fly		20	200 Back	
9	50 Back		21	Women 200 Medley Relay	
10	200 Breaststroke		22	Men 200 Medley Relay	
11	200 IM		23	Women 200 Medley Relay	
12	Mixed 400 Free Relay				

**Payment Info:**

**Meet Entry Fee:**

\$70.00

Make Checks Payable to: **Atlanta Rainbow Trout**

**Mail to:** Atlanta Rainbow Trout, 43 Ivy Ridge NE, Atlanta, GA 30342

**Paper Entry must be received by Wednesday, September 8th.**

Online entry: [https://www.ClubAssistant.com/club/meet\\_information.cfm?c=2176&smid=13582](https://www.ClubAssistant.com/club/meet_information.cfm?c=2176&smid=13582)

Questions? Email [Shayne.lastinger@comcast.net](mailto:Shayne.lastinger@comcast.net)

## **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.

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 Printed		Date	
Name Signature		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.