



13th Annual UVAC Leaf Peepers Masters Meet
Sunday, October 30, 2022
Upper Valley Aquatic Center, White River Junction, Vermont
Sanctioned by New England LMSC for USMS.Inc..

CONTACTS:

Meet Director/Entry Chair: Mary Gentry UVRaysMasters@gmail.com
802/369-9289

Additional Contact: Barbara Hummel Barbara@goswim.tv

This will be a Short Course YARDS meet. This is a change from previous years.

If thinking of participating but not ready to commit yet, email Mary at UVRaysMasters@gmail.com to be put on the mailing list.

SCHEDULE: Warm-up 9:30 am; meet start 10:30 am. Anticipated end time is before 2:00 pm. Deck entries must be in by 9:45 am. No deck entries will be accepted after this time.

LOCATION: Upper Valley Aquatic Center (UVAC), 100 Arboretum Lane, White River Junction, Vermont 05001 <http://www.uvacswim.org> Directions may be found later in this document. This is at the intersection of interstates I-89 and I-91 along the New Hampshire and Vermont border. Phone: 802-296-2850. Weather hotline: 802-698-8361

FACILITY: The UVAC competition pool has eleven 7-foot-wide, 25-yard lanes, with non-turbulent lane lines, Colorado Timing System electronic touch pads, and an alphanumeric display scoreboard. Minimum pool depth is seven feet. A wide gutter is flush with the water for easier exit from the pool. Ladder is also available. Three of the eleven lanes will be used as warm-up/warm-down lanes throughout the meet. 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. Free Wi-Fi is available.

SAFETY/COVID PROTOCOLS: these may change closer to the day of the meet.

- All participants and spectators must be vaccinated
- Masks are encouraged but not required.
- Do not attend if you're experiencing any symptoms of COVID-19.

ELIGIBILITY: Open to all USMS and MSC-registered swimmers age 18 and older. Your age is your age on December 31, 2022. Include a legible copy of your 2022 USMS registration card with entry form (get a copy from your online USMS account at [Print USMS Membership Card](#)) On-line USMS membership registration is available at [USMS Join or Renew](#).

CHECK-IN: Positive check-in is required for all swimmers by 10:00 am.

EVENT LIMIT: Swimmers are permitted to enter a MAXIMUM of five (5) individual events. The relay does not count as one of the five events.

RELAY: This is our fun relay where individual participants are randomly assigned to teams to swim relay legs that may not be conventional strokes! This is a great time to meet and swim with your fellow competitors from other teams.

ENTRY TIMES: Enter short-course YARDS times for all events. If you do not enter a seed time, you will be seeded with No Time and placed in the first heat.

SEEDING: All events will be seeded slow to fast regardless of age or gender.

ENTRY FEES: \$30/ person for up to 5 individual events (for entries received by October 26, 2022). Late entries and/or deck entries are \$40. Please make check or money order payable to: UVAC MASTERS. Checks will not be processed until after the meet. Checks will be voided if a swimmer is unable to attend.

ENTRY DEADLINE: Entries must be RECEIVED by Wednesday, October 26 to qualify for the reduced fee. No telephone, fax, or electronic entries will be accepted. Fill in all personal contact information on entry form to enable us to contact you to resolve an entry problem. Include meet entry fee payment, completed entry form, and a copy of your 2022 USMS card. To print a copy, go to [Print USMS Membership Card](#)

RECORD TIMES: Times from this competition will be eligible for world record, USMS record, and Top 10 consideration. Any swimmer who intends to post a National Record or World Record during the meet should bring it to the attention of the Meet Official prior to your event.

AWARDS: No place awards will be given but there may be edible participation awards (yum!)

MAIL ENTRY TO:

Mary Gentry
193 Stonecrest Ave
White River Junction, VT 05001

If entry is mailed using overnight services
please check that a signature is NOT required.

RULES: Current USMS rules for Masters Swimming will apply. Swimmers will be seeded in heats according to times; heats will run slowest to fastest, regardless of age or sex. No equipment is allowed at any time. No diving during warm-up except in designated lanes.

DIRECTIONS: Visit the website: <https://uvacswim.org/hours-directions/>
The Upper Valley Aquatic Center (UVAC) is located at 100 Arboretum Lane in White River Junction, Vermont 05001.

HOTELS: For a list of nearby hotels, visit: <https://uvacswim.org/swimming/swim-meets/>



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INDIVIDUAL ENTRY FORM

Entries due: November 20, 2021 for the \$30/meet fee. Entries received after that date or deck entered the day of the meet are \$40/meet.

Please print clearly. Include all contact information in case we need to reach you to resolve a discrepancy. Include a legible copy of your current 2022 USMS registration. All events seeded by time slow to fast regardless of age or gender. Enter a maximum of 5 individual events with short-course yards times.

EVENT	ENTRY TIME	EVENT	ENTRY TIME
#1 200 Yard Butterfly	_____	#12 100 Yard Backstroke	_____
#2 100 Yard Freestyle	_____	#13 50 Yard Freestyle	_____
#3 50 Yard Backstroke	_____	#14 200 Yard Breaststroke	_____
#4 200 Yard IM	_____	#15 100 Yard IM	_____
#5 25 Yard Breaststroke	_____	#16 25 Yard Fly	_____
#6 25 Yard Freestyle	_____	#17 25 Yard Backstroke	_____
#7 200 Yard Backstroke	_____	#18 200 Yard Freestyle	_____
#8 50 Yard Butterfly	_____	#19 100 Yard Butterfly	_____
#9 100 Yard Breaststroke	_____	#20 50 Yard Breaststroke	_____
#10 500 Yard Freestyle	_____	#21 400 Yard IM	_____
#11 200 Icebreaker Relay*	<u>sign up at meet</u>		

10-minute break after #10 to organize the Icebreaker Relay, which does not count as an event.

* Individuals sign up for the relay at the meet and will be randomly assigned to a mixed relay to meet and compete with others at the meet (no guarantee that all relay legs will be conventional strokes).

Please sign and include the USMS Release of Liability form on the next page.

PRINT NAME: _____
 as your name appears on your USMS card

CITY/STATE/ZIP: _____ **GENDER (circle one):** Male / Female
 As identified with USMS

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ mm/dd/yy **AGE AS OF 12/31/22:** _____

USMS # _____ (please attach legible copy of card <https://www.usms.org/reg/getcard.php>)

LMSC (e.g., NE, AD): _____ **WORKOUT GROUP/CLUB (e.g., UV Rays):** _____

FEES: \$30/person for up to 5 events if submitted by 10/26/22. (\$40/person for late entries or deck entries)
Make checks payable to UVAC Masters

SEND ENTRY FORM, ENTRY FEE, SIGNED WAIVER & COPY OF USMS/MSC REGISTRATION TO:
 Mary Gentry 802/369-9289
 193 Stonecrest Ave
 White River Junction, VT 05001 UVRaysMasters@gmail.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");

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