

# HAWKTOBERFEST

## Adult Swim Meet

*To benefit the RWU Varsity Swimming & Diving Teams' Winter Training Trip to Florida*

**SANCTIONED BY:** Recognized by NE-LMSC for USMS #XX-XXXX

**HOSTED BY:** Roger Williams University Varsity Swimming & Diving Team

**TYPE OF MEET:** 25 yard timed finals

**DATE:** Sunday October 16, 2022

**Warm-up:** 9:00am

**Meet Start:** 10:00am

**LOCATION:** Roger Williams University, 1 Old Ferry Rd. Bristol, RI

**POOL SPECS:** Eight lane 25 yard pool. Warm-up and Warm Down available in Lane 8. 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 107.2.1

**TIMING EQUIPMENT:** This meet will use automatic timing system via Daktronics. Times from this competition will be eligible for USMS records and Top 10 consideration, but not for world records.

**ELIGIBILITY:** Any Adult swimmer 18 or older

**SEEDING:** Seed times must be entered Short Course Yards

**SCRATCHES:** No penalty for scratching on the block

**ENTRY LIMIT:** Five (5) individual events, plus relays. Swimmers over max will be removed from their last event

**ENTRY FEES:** **\$20 + \$3 per event Non- Alum, \$10 RWU ALUM**. Relays = \$16 per relay (deck entry only)

**RELAY ENTRIES:** Entries for relays on site day of meet. Entry deadlines will be announced during warm up sessions. Relays will be seeded after the deck entries close. Relay fees must be paid with entries

**ENTRY DEADLINE:** All individual entries must be **received** by **October 10, 2022, 5:00 pm**

**DECK ENTRIES WILL BE ACCEPTED 9am – 9:45am**

**OFFICIALS:** Head Referee: Chris Fisher Starter: TBD

**RULES:** Current USMS Swimming Rules and Regulations will govern the meet.

**INFORMATION:** Matt Emmert, [memmert@rwu.edu](mailto:memmert@rwu.edu), 401-254-3421

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### Meet Registration Form

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Gender: ☐ Male / ☐ Female USMS Member: ☐ Yes / ☐ No. (USMS Membership **NOT** required to enter)

**USMS members must attach a copy of your 2022 USMS card for your times to be considered official for USMS/FINA purposes.** You can retrieve a copy of your card or join USMS at [www.usms.org/reg](http://www.usms.org/reg)

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Participant Name : \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature: \_\_\_\_\_

### Entry Form

#	Entry Time	Order of Events
1		*Mixed 200 Medley Relay
2		200 IM
3		200 Freestyle
4		50 Backstroke
5		50 Breaststroke
6		100 Butterfly
7		50 Freestyle
8		100 Freestyle
9		100 Backstroke
10		100 Breaststroke
11		500 Freestyle
12		50 Butterfly
13		100 IM
14		*Mixed 200 Freestyle Relay

(\*Mixed Relays must consist of 2 Men & 2 Women.)

Entry Fees      **\$20 + \$3 per event Non RWU Alumni / \$10 RWU Alumni**

- **Make checks payable to:**                      **“Roger Williams University”**
- **Mail to:**    Matt Emmert  
RWU Swimming & Diving  
1 Old Ferry Rd.  
Bristol, RI 02809
- USMS membership is not required to participate, but current USMS members **must** attach card in order for times to be entered into USMS & FINA times database.

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## Adult Swim Meet

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### Acknowledgement of Risk and Waiver of Liability Agreement

In consideration of being permitted to participate in the *HAWKTOBERFEST Swim Meet*, I hereby forever release and covenant not-to-sue Roger Williams University ("University"), its trustees, employees, instructors, volunteers, agents, and all others who are involved, from any and all present and future claims resulting from negligence or otherwise on the part of the University or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in pool activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims both present and future, resulting from negligence or otherwise, that may be made by me, my family, estate, heirs, or assigns, and I relinquish on behalf of myself, spouse, heirs, and assigns the right to recover for injury or death.

I am aware that swimming and other pool activities are vigorous, may involve severe cardiovascular, and involve certain risks, including but not limited to death. In addition, I understand that participation in pool use involves activities incidental thereto, including, but not limited to, the possible reckless conduct of other participants. All stresses and hazards associated with this activity cannot be foreseen. I will voluntarily use the pool facilities with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death.

I have a personal responsibility to follow any safety or other rules and procedures that are established by the University and normally associated with swimming and other pool use activities, and I understand that failure to act in accordance with such rules and procedures may result in me being barred from further use of the pool. I further agree to indemnify and hold harmless the University and others listed for any and all claims arising as a result of my participation in pool activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Rhode Island, and I agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the State of Rhode Island.

I affirm that I am signing this Agreement solely and freely and that this Agreement is a binding legal document. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the negligence or other acts or omissions of the University or any of the parties listed above. The parent or guardian who signs below commits to the participant conditions of this Agreement.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING**

Participant Name : \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_