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. *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 - PAC 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: annewanner5625@gmail.com.
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: Meet Assistant Meet Assistant	Anne Wanner: annewanner5625@gmail.com (423-260-1151) Ginger Spansel. spanselginger@gmail.com. (214) 458-4229 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_____

Please circle the desired event numbers for all individual entries. In the space provided, list the best recent short course yards times. Use a "NT" if you have no time for an event. Entries must be received by Wednesday, Oct. 29. Late entries will be taken at the discretion of the ***meet director based on space availability. No new heats will be formed.***

Women	Men	Event	Time (yards)
1	2	200 fly*	_____
3	4	200 back*	_____
5	6	200Breast*	_____
7	8	50 free	_____
9	10	100 fly	_____
11	12	200 Free	_____
13	14	50 back	_____
15	16	50 breast	_____
17	18	100 IM	_____
19	20	100 back	_____
21	22	100 free	_____
23	24	200 IM	_____
25	26	100 breast	_____
27	28	50 fly	_____
29	30	500 free**	_____
31		200 Mixed Free Relay	_____

*Mixed heats in 200 fly, back and breast pending entries and meet timeline. Recommend swimming only one of these events. Only a 1 minute break between events will be taken. ** Counter required for 500.

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Signature _____ *Date* _____

Attending post meet food and beverage served approximately 130- 2 p.m.? Yes ___Yes, to go____ No_____

Fees: $40.00 _____ (payable to Pelican Athletic Club) Late Fee: $50 (after Wednesday, Oct. 30)

Check number _____Credit Card _____CC #_____Ex date_____ SC# _____

PAC online waiver form link will be emailed to you. Please fill it out before 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 e-mail 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

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 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)*

Street address, City, State, Zip	
Signature of Participant	*Date Signed*