

SWIM across the SOUND

August 3, 2024 | Captain's Cove Seaport, Bridgeport, CT

SOLO SWIMMER APPLICATION



Swim Marathon Rules & Guidelines: Solo Application

SOLO SWIMMERS

1. PARTICIPATION:

- Solo swimmers swim the 25 kilometer distance individually.
- Enrollments are considered on a first-come, first-served basis. Please remember, applications are not considered to be complete until all the required information has been received and approved by the Swim Committee.

2. CLOTHING:

- One suit, swim cap, goggles, earplugs and grease will be allowed. For women, suits that cover up to their neck and down to their knees are acceptable. For men, suits may not cover their torso, nor go below their knees. Neither men nor women may wear suits that cover their shoulders in any way. All suits must be of the traditional swimming style "lycra" type suits.
- Swimmers must wear the provided swim cap.

3. ASSISTANCE:

- Solo swimmers may not use flotation aids, propulsion devices, or any other devices to maintain body heat. Wetsuits, fins, hand paddles, pull buoys or boards are strictly prohibited.
- Pacing, drafting and towing are not allowed.
- Swimmers may not touch the escort boat or any other boat during their swim leg. A violation of this rule shall result in disqualification.
- All solo swimmers should bring one crew member to provide feeding assistance. If a swimmer is unable to bring their own crew, please notify the race committee and we will use our best efforts to provide you a crew member.
- Swimmers are required to bring their own food for the swim.
- The use of alcohol or drugs is strictly forbidden.

4. QUALIFYING SWIM:

- All solo applicants must submit proof of a six-hour or longer qualifying swim in open water completed within the past 18 months in order to be eligible to participate in the event. Swimmers who have successfully completed any of the following swims within the past 18 months are exempt from the six hour qualifier swim:
 - Catalina Island Channel
 - English Channel
 - Lake Memphremagog
 - Manhattan Island Marathon Swim
 - Round Jersey Swim (Channel Islands)
 - Swim Across the Sound
 - Tampa Bay 24 mile Marathon Swim
 - Six-Hour Qualifying Swim*
 - Other USA/USMS distance swim > 10 miles

***Applicants must complete at least 10 miles during the 6 hour qualifying swim. Please complete and submit the Qualifying Swim-Observer Report and Qualifying Swim Log as evidence of compliance.**

5. AGE MINIMUM:

- Solo swimmers must be 19 years old on or before December 31 of the year of the event, in accordance with FINA Age Rules. Exceptions may be considered under the discretion of the Swim Committee.

6. MEDICAL EXAMINATION:

- All solo swimmers must have their primary physician fully complete the required medical form.
- Medical examinations must be completed within one (1) full year of participation in the Swim Marathon.
- **Solo applicants must submit proof of Qualifying Swim and completed Medical Form by the documentation deadline.**

for more information



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PERSONAL INFORMATION use full legal names (no nicknames or abbreviations)

Form fields for personal information: Full Legal Name, Address, City, State, Zip Code, Country, Hometown, Citizenship, Home Phone, Cell Phone, Email, DOB, Age, Gender, Height, Weight, T-shirt size

Are you a certified lifeguard? [] Yes [] No
Are you a licensed medical professional? [] Yes [] No
Are you an EMT? [] Yes [] No

Please note: your name, age, hometown and background information may be used for media relations and promotional purposes. Your contact information may be used to reach you for media inquiries, but will never be published without your granted consent.

EDUCATION/WORK INFORMATION

Form fields for education/work information: Name of School or University, City, State, Country, Dates Attended or Graduation Year, I currently attend school here, Degree, Field of Study, Company Name, City, State, Country, Date worked or Retirement Year, I currently work here, Industry, Title or Role

EMERGENCY CONTACT INFORMATION

Form fields for emergency contact information: Name, Relationship, Home Phone, Cell Phone, Email



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ACCIDENT AND RELEASE OF LIABILITY WAIVER AND INDEMNITY

I acknowledge that this 25 km athletic event is an extreme test of a person's physical and mental limits and hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks inherent in Open Water Swimming, training, competition, boating, and/or volunteer support, including but not limited to possible permanent disability or death, and agree to assume all those risks.

I acknowledge that this Accident and Release of Liability Waiver and Indemnity will be used and relied on by the event holders, sponsors and organizers of the event of the Swim Across the Sound, namely Hartford HealthCare, St. Vincent's Medical Center, SVMC Holdings, Inc., Swim Across the Sound, the City of Bridgeport, Captains Cove Marina, Danfords Marina, all Participating Police and Fire Departments from Various Towns, the States of Connecticut and New York, Host Facilities, Event Sponsors, Volunteers, Boat Captains, Event Committees, "Good Samaritans," and any individuals officiating at the events or supervising such activities, together with their affiliates, managers, directors, officers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns (collectively the "Released Parties") and that it will govern my actions and responsibilities at such event.

AS A CONDITION OF MY PARTICIPATION IN THE SWIM ACROSS THE SOUND OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY RELEASE, WAIVE, AND COVENANT NOT TO SUE 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") THAT MAY ARISE OUT OF, RESULT FROM, OR RELATE TO MY PARTICIPATION IN THE EVENT, INCLUDING WITHOUT LIMITATION CLAIMS FOR LIABILITY CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENCE, OMISSIONS, OR INTENTIONAL ACTS OF THE RELEASED PARTIES. 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, OR MY ESTATE, AS APPLICABLE, WILL INDEMNIFY, DEFEND, AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM ANY LIABILITY THAT MAY BE INCURRED AS THE RESULT OF SUCH A CLAIM.

I hereby warrant that I have read this Accident and Release of Liability Waiver and Indemnity carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including, without limitation, the rights of my spouse, minor and adult children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed it freely and voluntarily, 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 Accident and Release of Liability Waiver and Indemnity.

In addition, I also agree to abide by and be governed by the rules established by the Swim Committee. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video, or electronic recording or transmission of this event. Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming and associated activities, and agree to assume those risks.

Print Swimmer's/Participants Full Legal Name Age

Signature Date

If swimmer is under the age of 19, signature of parent or guardian is also required.

Print Parent/Guardian Name Age

Signature of Parent or Guardian Date



Swim Marathon Rules & Guidelines: Solo Application

MEDICAL FORM

Full Legal Name

DOB

Parts 1 & 2 must be completed and enclosed with your application. INCOMPLETE MEDICAL FORMS WILL CAUSE YOUR APPLICATION TO BE DELAYED OR REJECTED.

PART 1: MEDICAL HISTORY (to be completed by Swimmer)

1 Have you ever suffered at any time from the following:

- a. Ear trouble, earache or deafness?
b. Sinus trouble?
c. Chest disease, including asthma, bronchitis, TB, collapse lung?
d. Blackouts or fainting?
e. Nervous disorders, concussions?
f. Anxiety, nerves or nervous breakdowns?
g. Heart Disease?
h. High Blood Pressure?
i. Diabetes?

2. Do you regularly or frequently take medications with or without prescription?

3. Are you currently receiving medical care or consulted a doctor in the last year?

4. Have you ever failed a medical exam or been refused life insurance?

5. Have you been to the hospital in the last year?

6. Do you smoke or use illegal drugs?

7. Do you have any allergies to medication?

8. Do you have any orthopedic problems?

9. Do you wear any prostheses?

Signed

Date

PART 2: DOCTOR'S EXAMINATION The above named swimmer wishes to be examined to determine his/her physical fitness to participate in a 25km Swim Across Long Island Sound.

Please note that this is an extreme test of physical and mental endurance.

Date of Physical Exam

Height: Weight: Blood Pressure: Pulse:
Ears: R. Drum: R.Canal: L.Drum: L.Canal:
Sinuses: Nose: Throat: Chest:
Cardio Sys: Nervous System: Joints: Limbs:
ECG: Urine-Albumin: Urine-Glucose:

NOTE: Physical Examinations must be completed within one year of the Swim Across the Sound Marathon.

NOTE: The Swim encourages and welcomes swimmers with disabilities.

REMARKS: Any remarks about the swimmers physical condition should be written on the back of this form.

AFTER EXAMINATION, I CONSIDER (print swimmer name)

to be FIT or UNFIT to participate in this SWIM.



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CREW INFORMATION

Full Legal Name

Crew #1

Name

Address City State Zip

Cell Phone Work Phone Email

Is cell available on race day? Relationship/Age: T Shirt Size:

Is crew member a certified lifeguard? Yes No

Is crew member a certified EMT? Yes No

Is crew member a medical professional? Yes No

If yes, describe

Crew #2

Name

Address City State Zip

Cell Phone Work Phone Email

Is cell available on race day? Relationship/Age: T Shirt Size:

Is crew member a certified lifeguard? Yes No

Is crew member a certified EMT? Yes No

Is crew member a medical professional? Yes No

If yes, describe

Crew member and alternate will receive an e-mail with instructions on crew enrollment once the solo swimmer has been accepted for the Swim. Crew member and alternate must confirm participation by completing the crew member's enrollment and waiver.



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QUALIFYING SWIM

Full Legal Name

All solo applicants must submit proof of a six-hour or longer qualifying swim in open water completed within 18 months of the event to be eligible to participate.

Number of marathon swims [input box]

Table with 3 columns: Qualifying Swim Time, Date, Time. Rows include Catalina Island Channel, English Channel, Lake Memphrenagog, Manhattan Island Marathon Swim, Round Jersey Swim, SWIM Across the Sound (solo), Tampa Bay 24 mile Marathon Swim, Six-hour Qualifying Swim*, and Other USA/USMS distance swim (>10 miles).

*Applicants must complete at least 10 miles during the 6 hour qualifying swim. Please complete and submit the Qualifying Swim-Observer Report and Qualifying Swim Log as evidence of compliance.

Six-hour Qualifying Swim should be six hours of continuous swimming, with in-water feedings (if at all possible) to try to duplicate the routine you will encounter in the SWIM Marathon. An example of a qualifying swim log is enclosed in this packet. After completion of your qualifying swim, your observer should submit the form below on your behalf.

If you are exempt from a Six-hour Qualifying Swim, please submit copies of official race results or other documentation from one of the other events above.

Solo applicants must submit proof of Qualifying Swim by the documentation deadline.

QUALIFYING SWIM – OBSERVER REPORT

Observer Name

Address City State ZIP

Phone or Email

"I, _____ attest that _____ swam continuously for six hours on _____, at _____ beach located in the city of _____ in the state of _____."

Based upon this swim, I believe he/she is qualified to compete in the SWIM Across the Sound. I have attached a log from his qualifying swim.

Signature



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PERSONAL STORY use full legal names (no nicknames or abbreviations)

Full Legal Name

Have you ever participated in the SWIM Across the Sound? Yes No

Total Number of Years or Participation

Participated as:

- Swimmer List Years:
Volunteer List Years:
Boat Captain List Years:
Other (Please Describe) List Years:

What is your personal fundraising goal? (The minimum fundraising commitment is \$1,500)

What made you participate in the SWIM?

Four horizontal lines for text entry.

Are you swimming in honor of someone?

One horizontal line for text entry.

Any other information you would like to share?

Four horizontal lines for text entry.



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SWIMMING BACKGROUND use full legal names (no nicknames or abbreviations)

Full Legal Name

Please list your most recent open water/pool events (attach documentation)

Event Name Location Date

Finishing Time Water Temp

Winner Finish Time Your Place: Distance

Event Name Location Date

Finishing Time Water Temp

Winner Finish Time Your Place: Distance

Event Name Location Date

Finishing Time Water Temp

Winner Finish Time Your Place: Distance

Open water swims planned for current year

Swim #1 Location Distance

Swim #2 Location Distance

Swim #3 Location Distance

Other athletic achievements

Horizontal lines for text entry



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QUALIFYING SWIM LOG - PAGE 1

Full Legal Name: Location of Swim

Water Type: Fresh Water Salt Water

Date: Observer:

Course Description:

Start Time Finish Time: Total Distance

START: ACTUAL TIME:

Air Temp and Conditions: Water Temp and Conditions: Swimmer's Mental and Physical Conditions: Feeding: Feeding Schedule (Interval/Liquid Type/Gel):

HOOR 1: ACTUAL TIME: DISTANCE SWAM:

Air Temp and Conditions: Water Temp and Conditions: Swimmer's Mental and Physical Conditions: Feeding: Stroke rate per minute:

HOOR 2: ACTUAL TIME: DISTANCE SWAM:

Air Temp and Conditions: Water Temp and Conditions: Swimmer's Mental and Physical Conditions: Feeding: Stroke rate per minute:

HOOR 3: ACTUAL TIME: DISTANCE SWAM:

Air Temp and Conditions: Water Temp and Conditions: Swimmer's Mental and Physical Conditions: Feeding: Stroke rate per minute:



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QUALIFYING SWIM LOG – PAGE 2

Full Legal Name

HOUR 4: ACTUAL TIME: DISTANCE SWAM:

Air Temp and Conditions:
Water Temp and Conditions:
Swimmer's Mental and Physical Conditions:
Feeding:
Stroke rate per minute:

HOUR 5: ACTUAL TIME: DISTANCE SWAM:

Air Temp and Conditions:
Water Temp and Conditions:
Swimmer's Mental and Physical Conditions:
Feeding:
Stroke rate per minute:

HOUR 6: ACTUAL TIME: DISTANCE SWAM:

Air Temp and Conditions:
Water Temp and Conditions:
Swimmer's Mental and Physical Conditions:
Feeding:
Stroke rate per minute:

TOTAL TIME: TOTAL DISTANCE:

Comments:

[Comments section with horizontal lines]

PHOTO

Please email a high-resolution (300 dpi) photo of yourself to tara.flynn@hhchealth.org along with your first and last name. We may use this for the local media and promotional materials.