



Hartford  
HealthCare  
St. Vincent's Medical Center

# SWIM across the SOUND

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

**TEAM RELAY** APPLICATION "CORPORATE CHALLENGE"



## Swim Marathon Rules & Guidelines: Team Relay “Corporate Challenge”

### TEAM RELAY “CORPORATE CHALLENGE”

#### 1. PARTICIPATION:

- Teams in this category are comprised of employees from the same corporation or company. The goal of the “Corporate Team” is to create opportunities for employees to work together with fellow employees for a community goal. Anyone can captain a team; team members are required to be currently or previously employed by the company or corporation.
- Team captains must notify their company or corporation of their intention to participate in this event. It is up to each team captain and team member to be sure they are in compliance with their corporation’s policies and regulations concerning fundraising.
- 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:

- Corporate Challenge team swimmers are permitted to wear wet suits.
- Swimmer must wear event swim cap provided while in the water.

#### 3. ASSISTANCE:

- Swimmers may not use flotation aids, propulsion devices, or any other devices to maintain body heat. 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.
- Swimmers are required to bring their own food for the swim.
- The use of alcohol or drugs is strictly forbidden.

#### 4. QUALIFYING SWIM:

- No qualifying swim is required. It is strongly recommended that all relay team members gain experience swimming in open water prior to participation. Team captains should ensure that each relay member is capable of swimming 15 minutes continuously and at least 2 hours total.

#### 5. AGE MINIMUM:

- Team relay members must be 13 years old on or before December 31 of the year of the event, in accordance with FINA Age Rules.

#### 6. RELAY INSTRUCTIONS:

- A minimum of 4 and maximum of 6 relay swimmers per team.
- Swimmers must alternate every 15-30 minutes (no exceptions).
- The order of the swimmers must be maintained throughout the swim.
- The transition from one swimmer to the next must be executed by approaching the swimmer in the water from behind, and the transition is considered complete when the entering swimmer fully passes the departing swimmer.
- Only team relay members are permitted on the escort boat due to space limitations and safety reasons.
- Team relay swimmers must enter the water feet first.
- There is no warm-up before the Swim. Only lead-off swimmers are permitted in the water.
- Only final leg swimmers are permitted in the water when crossing the finish line.
- **Failure to follow these rules will result in disqualification.**

for more information



Swim Marathon Rules & Guidelines: Team Relay "Corporate Challenge"

TEAM INFORMATION to be completed by team captain, use full legal names (no nicknames or abbreviations)

Corporate Name City State

Team Name

Team Captain or Coach Name

Captain/Coach Phone Captain/Coach E-mail

Swimmer #1 Email Age (at day of swim)

Swimmer #2: Email Age (at day of swim)

Swimmer #3: Email Age (at day of swim)

Swimmer #4: Email Age (at day of swim)

Swimmer #5: Email Age (at day of swim)

Swimmer #6: Email Age (at day of swim)

Are you representing a club, organization or corporation? If yes, please explain.

Four horizontal lines for providing an answer to the question above.

ACKNOWLEDGMENT OF COMMITMENT

I acknowledge and understand that competing in such an event is an extreme test of each team member's swimming ability, mental toughness and physical conditioning. I have selected the team members with these conditions in mind and believe that each team member is physically fit and capable of swimming in this event.

I also acknowledge that the fundraising pledge for the team is \$10,000 and that the team is committed to reaching and hopefully exceeding this goal.

Team Captain Date



Swim Marathon Rules & Guidelines: Team Relay "Corporate Challenge"

TEAM MEMBER APPLICATION this form must be completed by all participants

Team Name: Team Captain or Coach Name:

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

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

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

Name Relationship

Home Phone Cell Phone Email



Swim Marathon Rules & Guidelines: Team Relay "Corporate Challenge"

ACCIDENT AND RELEASE OF LIABILITY WAIVER AND INDEMNITY

THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS

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: Team Relay "Corporate Challenge"

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

THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS

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 \$10,000)

What made you participate in the Swim?

Are you swimming in honor of someone?

Any other information you would like to share?



Swim Marathon Rules & Guidelines: Team Relay "Corporate Challenge"

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

THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS

Full Legal Name Team 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

Other athletic achievements

Three horizontal lines for text entry.

Open water swims planned for current year

Swim #1 Location Distance

Swim #2 Location Distance

Swim #3 Location Distance

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.