



# SWIM across the SOUND

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

**TEAM RELAY** APPLICATION "Never Alone"



## Swim Marathon Rules & Guidelines TEAM RELAY “NEVER ALONE”

### TEAM RELAY “NEVER ALONE”

#### 1. PARTICIPATION:

- Teams in the “NEVER ALONE” category are comprised of three (3) pairs of swimmers (1/2 hour legs) representing that you are never alone when you are battling cancer.
- Team captains must organize the relay team of 6 swimmers into pairs according to pace. The swimming pair will swim side by side next to each other. The swimming pair should pace themselves to the slower swimmer in the pair.
- 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:

- “NEVER ALONE” team swimmers are permitted to wear wet suits
- Swimmers must wear swim cap provided.

#### 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:

- All “NEVER ALONE” applicants must submit proof of a two-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 two hour qualifier swim:

- Catalina Island Channel
- English Channel
- Lake Memphremagog
- Manhattan Island Marathon Swim
- Round Jersey Swim (Channel Islands)
- Other USA/USMS distance swim > 4 miles
- Tampa Bay 24 mile Marathon Swim
- Swim Across the Sound
- Two-hour Qualifying Swim\*

**\*Applicants must complete at least 4 miles during the 2 hour qualifying swim. Please complete and submit the Qualifying Swim-Observer Report and Qualifying Swim Log as evidence of compliance.**

#### 5. AGE MINIMUM:

- Relay team members must be 16 years old on or before December 31 of the year of the event, in accordance with FINA Age Rules.

#### 6. RELAY INSTRUCTIONS:

- there are 6 relay swimmers per team.
- Swimmers must alternate every 30 minutes (no exceptions).
- The order of the swimming pairs must be maintained throughout the swim.
- The transition from each relay pair of swimmers to the next must be executed by approaching the swimmers in the water from behind, and the transition is considered complete when the entering swimmers fully passes the departing swimmers.
- 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



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

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 text input.

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 \$7,500 and that the team is committed to reaching and hopefully exceeding this goal.

Team Captain Date



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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



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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



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QUALIFYING SWIM this form must be completed by all participants

Full Legal Name

Each "NEVER ALONE" applicant must submit proof of a two-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]

Qualifying Swim Time:

Table with 3 columns: Location, 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 (>4 miles).

\*Applicants must complete at least 4 miles during the 2 hour qualifying swim. Please complete and submit the Qualifying Swim - Observer Report and Qualifying Swim Log as evidence of compliance.

Submit this requirement by the documentation deadline.

Qualifying Swim should be two 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 Two-hour Qualifying Swim, please submit copies of official race results or other documentation from one of the other events above.

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 two 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/her qualifying swim.

Print Name

Signature



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QUALIFYING SWIM LOG this form must be completed by all participants

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 Schedule (Interval/Liquid Type/Gel):

HOUR 1: ACTUAL TIME: DISTANCE SWAM:

Air Temp and Conditions:

Water Temp and Conditions:

Swimmer's Mental and Physical Conditions:

Feeding:

Stroke rate per minute:

HOUR 2: 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:



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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:

Table with 2 columns: Role (Swimmer, Volunteer, Boat Captain, Other) and List Years.

What is your personal fundraising goal? (The minimum fundraising commitment is \$7,500)

What made you participate in the SWIM?

Are you swimming in honor of someone?

Any other information you would like to share?





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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

Empty lines for other athletic achievements

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.