SWIM across the SOUND

August 6, 2022 | Captain’s Cove Seaport, Bridgeport, CT

TEAM RELAY APPLICATION “CLASSIC”
(no wetsuits allowed)
TEAM RELAY “CLASSIC” (NO WETSUITS ALLOWED)

1. PARTICIPATION:
   • Teams in CLASSIC category are comprised of 4 to 6 swimmers.
   • 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:
   • “Classic” Team Relay swimmers are not permitted to wear wetsuits.
   • One suit, swim cap, goggles, ear plugs 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.
   • Swimmer must wear the provided swim cap.

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.
   • Facing, 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 team relay 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. Relay teams made up of swimmers under the age of 18 are required to bring one coach or chaperone.
   • 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.
   • Failure to follow these rules will result in disqualification.
TEAM INFORMATION  to be completed by team captain, use full legal names (no nicknames or abbreviations)

<table>
<thead>
<tr>
<th>Team Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Captain or Coach Name</td>
</tr>
<tr>
<td>Captain/Coach Phone</td>
</tr>
<tr>
<td>Captain/Coach E-mail</td>
</tr>
<tr>
<td>Swimmer #1 Email</td>
</tr>
<tr>
<td>Age (at day of swim)</td>
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<tr>
<td>Swimmer #2 Email</td>
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<tr>
<td>Age (at day of swim)</td>
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<tr>
<td>Swimmer #3 Email</td>
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<tr>
<td>Age (at day of swim)</td>
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<tr>
<td>Swimmer #4 Email</td>
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<tr>
<td>Age (at day of swim)</td>
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<tr>
<td>Swimmer #5 Email</td>
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<tr>
<td>Age (at day of swim)</td>
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<tr>
<td>Swimmer #6 Email</td>
</tr>
<tr>
<td>Age (at day of swim)</td>
</tr>
</tbody>
</table>

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

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
Swim Marathon Rules & Guidelines: Team Relay “CLASSIC”

TEAM MEMBER APPLICATION this form must be completed by all participants

<table>
<thead>
<tr>
<th>Team Name:</th>
<th>Team Captain or Coach Name:</th>
</tr>
</thead>
</table>

Team Relay Category:  
- Traditional  
- Classic  
- University Challenge  
- Corporate  
- Never Alone

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

<table>
<thead>
<tr>
<th>Full Legal Name</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Hometown</td>
<td>Citizenship</td>
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<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Height</th>
<th>Weight</th>
<th>T-shirt size</th>
</tr>
</thead>
</table>

Will you be fully vaccinated against COVID-19 by August 6th?  
- Yes  
- No

If not, would you be willing to quarantine for 10 days and provide a negative test no more than 72 hours prior to the event?  
- Yes  
- No

Would you be willing to be on a boat where the captain and/or crew may not be vaccinated?  
- Yes  
- No

Are you a certified lifeguard?  
- Yes  
- No  
Licensed medical professional?  
- Yes  
- No  
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

<table>
<thead>
<tr>
<th>Name of School or University</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Country</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dates Attended or Graduation Year</th>
<th>I currently attend school here</th>
<th>Degree</th>
<th>Field of Study</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Company Name</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Country</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date worked or Retirement Year</th>
<th>I currently work here</th>
<th>Industry</th>
<th>Title or Role</th>
</tr>
</thead>
</table>

EMERGENCY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Email</th>
</tr>
</thead>
</table>
ACCIDENT AND RELEASE OF LIABILITY WAIVER AND INDEMNITY

THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS

I acknowledge that this 25km 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. 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/Participant’s 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
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 $7,500)

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 “CLASSIC”

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)

<table>
<thead>
<tr>
<th>Event Name</th>
<th>Location</th>
<th>Date</th>
<th>Finishing Time</th>
<th>Water Temp</th>
<th>Winner Finish Time</th>
<th>Your Place</th>
<th>Distance</th>
</tr>
</thead>
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</table>

Other athletic achievements

Open water swims planned for current year

<table>
<thead>
<tr>
<th>Swim #1</th>
<th>Location</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swim #2</td>
<td>Location</td>
<td>Distance</td>
</tr>
<tr>
<td>Swim #3</td>
<td>Location</td>
<td>Distance</td>
</tr>
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</table>

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.
NON-PATIENT MEDIA CONSENT

I, the undersigned Person*, hereby authorize Hartford HealthCare, its employees and agents to make recordings of me, whether audio or images, still or moving, and to alter and composite the same without restriction and without my inspection or approval, for use by Hartford HealthCare for any purpose in any and all media now or hereafter known, and to use my name in connection with said use if it chooses.

I understand that this consent cannot be revoked, that it is effective in perpetuity, and that I have no expectation of payment in consideration for my authorization. I hereby release and hold harmless Hartford HealthCare, its employees and agents from all claims and liability relating to said recordings. I agree that a copy of this authorization will be as valid as the original.

Person (please PRINT CLEARLY)

Name: ____________________________
Address: __________________________
Address: __________________________
Email or Phone: ____________________
DOB: _____________________________

HHC Representative / Witness:

Name: ____________________________
Address: __________________________
Address: __________________________
Email or Phone: ____________________
Signature: _________________________

*For MINOR Persons: I hereby warrant that I am a legal competent adult and a parent or legally appointed guardian of the minor named above, and that I have every right to contract for said minor in the above regard.

Name of Parent or Legal Guardian (please print clearly):

Authorized Signature

_______________________________

Todays Date

_______________________________

Revision 2016-07-08