



# CLIFF LAKES

## OPEN WATER SWIMMING GUEST DISCLAIMER

Name: ..... Date of Birth: .....

Email: .....

Would you like to be added to our mailing list **YES / NO**

Phone Number: .....

Emergency Contact Number:.....

Medical Conditions: .....

	Yes	No
I am at this present time capable of swimming 500 meters in one go in a swimming pool		
I am medically fit to undertake open water swimming		
I have taken part in open water swimming before		
I suffer from epilepsy or fits or have had a fit within the last 5 years		

If yes, please give further details: .....

**I agree to support the people I swim with by observing the following procedures.**

I will wear a bright swimming cap for visibility.

If I choose to swim without a wetsuit I agree that I do so at my own risk and I will wear a tow float.

If I get into difficulty, I will turn onto my back and raise one arm into the air to raise attention.

I will sign in before I enter the water within the designated time.

When I exit the water, I will inform the safety person immediately that I am out.

I will enter. Exit the water at the specified place & stay within the designated swim course unless instructed otherwise.

I will keep within the sight of the safety person when in the water at all times.

I will keep hydrated.

I agree not to attempt to swim if I am feeling unwell.

If I am told to get out of the water by a member of staff I will cooperate.

**I UNDERSTAND THAT OPEN WATER SWIMMING CAN BE DANGEROUS AND I WILL DO SO AT MY OWN RISK.**

Signed (by parents /guardian if under 18): ..... Date.....

Print Name: .....

