



COLD 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		
I have read and I accept the Cold Water Swimming Advice Sheet		

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 and 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:

