

ALLERTHORPE LAKELAND PARK

O.W.S Registration Form



PLEASE USE BLOCK CAPITALS.

Health Declaration/Waiver

Open Water Swimming is a challenging and rewarding sport, the environment in which you train and compete has a series of associated risks such as hypothermia and the ability to exacerbate pre-existing medical conditions.

Because of this ALP would recommend all swimmers request a health and fitness test with their GP before participating.

(This is not a prerequisite)

<u>Swimmer Details</u>	
*Full Name:	
*Date Of Birth:	
*Home Address:	
*Telephone/Mobile:	
Triathlon Club (if applicable):	
<u>Emergency Contact Details</u>	
*Emergency contact name:	
*Emergency contact number:	
*Relationship to you:	
<u>Accompanying Adult Details (Applicable only to swimmers < 16 Y.O)</u>	
Name of accompanying adult:	
Date of birth:	
Relationship to Minor:	
Parent/Guardian Name (if different):	
Parent/Guardian Signature:	X

*Mandatory Fields

I hereby acknowledge that:

- I understand the risks inherent with open water swimming, including the potential for serious personal injury, death and loss of property.
- I am fit both physically and mentally to take part in open water swimming.
- I will never swim while feeling sick, ill, with exposed wounds or while recovering from illness.
- I have read and will adhere to the swim rules stipulated by ALP.
- I am swimming completely at my own risk, and I agree to release, discharge and indemnify ALP of responsibility for all injuries and other actionable events arising out of my use of the facilities at this venue.

I, the undersigned (and the minor I am accompanying), have read this and all other documentation provided in full, understand and agree to all content and terms stated.

<u>Signature:</u> X	<u>Date:</u>
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Any details stated above are for the sole use of Allerthorpe Lakeland Park and so will be kept in accordance with the data protection act and will be destroyed after use.