

Lenches Lakes - Open Water Swimming June 2018

Lenches Lakes Swimmer Responsibility Statement

Participating in open water swimming requires fitness and skill. I confirm that I have done sufficient training to ensure that I am fit enough to cope with the demands of open water swimming and that my technical skills are adequate for the activity.

I accept that taking part is by its nature hazardous and contains certain inherent risks and I accept that I owe a significant duty of care to Lenches Lakes and other swimmers to act responsibly and follow all safety instructions. This includes but is not limited to following the guidance set out in the Lenches Lakes Swimmers Welcoming Information.

Please tick this box to allow us to use images of you whilst swimming at Lenches Lakes on website /social media

Course Evacuation

In the event of the course having to be evacuated due to deteriorating weather or a medical emergency the Session Leader will coordinate the evacuation of any swimmers ensuring that all swimmers can be accounted for.

- The session leader sounds the air horn to alert swimmers to evacuate the lake at emergency evacuation points assisted by Lifeguard and spotter.

Safety Code, Conduct and Waiver Disclaimer

I have read, understood and accepted Lenches Lakes Swimmers Responsibility Statement and agree to abide by it. I agree to adhere to the rules of swimming at Lenches Lakes outlined in the Swimmers Welcoming Information and will only enter the water at times authorised by the Session Leader. I also accept that open water swimming involves an element of inherent risk including the potential for serious injury and property loss. I take part at my own risk and certify that I am physically fit and capable to do so and have no pre-existing medical conditions that would affect me swimming in open water.

I acknowledge that Lenches Lakes has relied on this statement (in its entirety) in accepting my participation in Lenches Lakes Open Water Swimming and that if I was unable or unwilling to agree to all the matters set out above in this statement of responsibility Lenches Lakes would not allow me to participate. All statements of fact are true.

Name

Address.....

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Date of Birth

Email Contact number.....

Do you have any medical conditions that Lenches Lakes Limited should be aware of?

If so, please give details

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If medication is left with Registration Officer please ensure it is clearly labelled with your name, and what the medication is.

Do you have history of seizures?.....

If yes please ask to borrow a tow float and consider purchasing your own.

Emergency Contact Name /Next of kin –

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Contact Number.....

Parent / Guardian name and contact number for swimmers under 18 years of age

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Parent/guardian signature

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Signed..... Date.....