

Lenches Lakes Swimmer Responsibility and Registration document September 2023

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

You accept that taking part is by its nature hazardous and contains certain inherent risks and you accept that you owe a significant duty of care to Lenches Lakes and other swimmers to act responsibly and follow all safety instructions.

All cold water swimmers are advised to attend an Information Session to become fully informed of good safety practices - pre, during and post swim, Physiological response their bodies undergo pre, during and post swim.

COLD WATER SWIMMING IS HIGH RISK TO SWIMMERS AND VENUE OPERATORS BEING FULLY INFORMED IS KEY TO A SAFE SWIM, GAINING POSITIVE EFFECTS FROM A COLD SWIM/ IMMERSION

Safety Code, Conduct and Waiver Disclaimer

I have read, understood and accept Lenches Lakes Swimmers Responsibility and Registration Document and agree to abide by it. I agree to adhere to the rules of swimming at Lenches Lakes outlined on Information Boards 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. 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. **IF UNSURE PLEASE CONSULT YOUR GP – particularly for Cardiac, respiratory and blood pressure conditions. It is advised to check for any unknown underlying conditions before embarking in cold water swimming – checking cardiac by ECG and GP reading results/listening to heart. Blood pressure check in GP surgery. Respiratory if a known asthmatic bring inhaler to the lakeside, labelled with name.**

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.....

Signed.....*Date*.....