

Open Water Swimming Disclaimer Form



First Name

Last Name

Gender F M

Date of Birth / /

Address

Email

Have you done open water swimming before? Y N

Do you have any medical conditions which in the case of emergency a first aider should know of?
If none, please state 'None'.

In case of emergency, who should we contact?

Emergency contact's telephone number?

By signing this document I am certifying that the information above is correct and agree to swim at my own risk and understand the dangers associated with open water swimming. I hold all responsibility for any injuries that may occur during an open water swim or as a result of an open water swim with Cambridge Sport Lakes Trust and therefore agree to waiver responsibility and not make any claim against them.

By signing below I am agreeing to the terms above and to the terms and conditions overleaf/attached.

(If under the age of 18 then a parent or guardian must sign).

signed

date / /