

Shepperton Open Water Swim



Personal Details

Name: _____ Date: ____/____/____
Address: _____

Postcode: _____ Email: _____

Tel: _____ Mob: _____

D.O.B: ____/____/____ Age: _____ Gender: Male Female
(I am over 16)

Emergency Contact Details

Next of Kin name: _____ Tel: _____
Relationship to you: _____

Doctor's Details

Doctor's name: _____ Tel: _____
Surgery & address: _____
_____ Postcode: _____

How did you hear about Shepperton Open Water Swim?

Health Questions

In order for your SOWS supervisor to evaluate your readiness to take part in open water swimming, please answer the following health related questions as honestly and accurately as possible. If you have difficulty with any question please do not hesitate to ask staff for assistance. Your responses will of course be kept in the strictest confidence:

Please circle accordingly (please expand where necessary):

- | | | |
|---|-----|----|
| 1. Do you suffer from back pain? | Yes | No |
| 2. Are you currently or have you been pregnant in the last 6 months? | Yes | No |
| 3. Do you suffer from high blood pressure? | Yes | No |
| 4. Do you suffer from any serious medical conditions? | Yes | No |
| 5. Have you been in hospital in the past 3 years? | Yes | No |
| 6. Do you have any bone or joint problems that could be aggravated by physical activity? | Yes | No |
| 7. Do you tend to suffer from low blood pressure, feeling faint or spells of dizziness? | Yes | No |
| 8. Have you ever been advised by a physician to avoid any type of exercise? | Yes | No |
| 9. Have you ever experienced pains in your chest or suffered from any heart trouble? | Yes | No |
| 10. Do you have any allergies? | Yes | No |
| 11. Do you have any respiratory conditions (eg Asthma)? | Yes | No |
| 12. Have you been diagnosed with either of the following? Diabetes – Yes/No Epilepsy – Yes/No | | |

CONTINUED OVERLEAF - PLEASE TURN OVER TO COMPLETE THIS FORM

Induction process complete - for staff use only:

Swim assessment completed: Pass Fail SOS Staff: _____ Date: ____/____/____

Pre-swim briefing given by SOS Staff: _____ (initial)

Health Questionnaire continued

13. Do you have any other medical concerns or any physical reason not mentioned that may mean you should not swim or carry out any physical activity? Yes No

Please list your current medication: _____

If you have answered yes to any of the questions above we will need to discuss this with you and decide whether or not we will need a letter from your Doctor before taking part in Open Water Swimming. If your health changes so that you may answer yes to any of the questions above then please tell a member of staff. If you have not been exercising regularly we would recommend you consult with a doctor before increasing your physical activity.

Indemnity – Shepperton Open Water Swim (SOWS) Health and Safety

At SOWS we take your health and safety whilst swimming seriously. We wish to highlight that open water swimming can be a potentially hazardous physical activity and any swimming can lead to risk of injury and even death in exceptional circumstances.

I agree that Shepperton Open Water Swim are not responsible or liable for any injuries or damages resulting from my participation in any activities or my use of equipment or facilities used by Shepperton Open Water Swim. I have read the induction and procedures and agree to follow them.

I agree to follow all rules and orders from SOWS organisers and personnel helping at this lake.

I agree to swim at my own risk and understand the dangers associated with Open Water Swimming with the potential for serious personal injury and property loss.

I agree that I will swim in the areas stipulated by the organisers. I will swim only during the opening times stipulated and when the lake is deemed safe to swim by SOWS.

I certify that I am physically fit, have no pre-existing medical conditions that would affect me swimming outdoors and have completed the health questionnaire. I will alert SOWS if my health changes.

I acknowledge the risks associated with swimming in open water.

I waive, release and discharge Shepperton Open Water Organisers and Staff and will not make any claim against them.

By signing this agreement you waive all rights and agree to swim entirely at your own risk.

I have read this document and understand its contents – I hereby confirm that I do not know of any reason as to why I should not undertake any activities offered by Shepperton Open Water Swim

Signature: _____

Name: _____

Date: ____/____/____

For persons under the age of eighteen years of age this form must be signed by a parent or legal guardian.

Minor's name: _____ DOB ____/____/____ Age: _____

Parent/Guardian's signature: _____ Date: ____/____/____
(delete as appropriate)