

Open water swimming with Wootton Tri Club

As a prerequisite to swimming with Wootton Tri Club at any advertised club sessions, you are required to read and sign as agreement to abide by the health and safety measures details below:

1. I will provide the appropriate contact in the event of emergency and agree that these details can be kept by Wootton Tri.
2. I declare that I am a competent swimmer capable of swimming 1500m continuously.
3. I will not enter the water until all safety measures have been put into place and will abide by such safety measures at all times ensuring I swim within the designated area.
4. I shall ensure that I have paid the appropriate fee to the venue.
5. I will register my name at the venue on entering and existing the water.
6. I will enter and exit the water at the specified place and stay within the designated swim route unless instructed otherwise by a marshal of the venue or the club safety officer.
7. I shall exit the water when instructed to do so or at the end of the designated swim session.
8. I will wear a brightly coloured swim whilst in the water and a wetsuit, unless the water temperature is such that the venue has advised that it is optional.
9. I will stay in my allocated pair/group during the whole of the session time.
10. In the event I enter into difficulty during the swim session I shall roll onto my back and signal for rescue by raising an arm up in the air.
11. I will not enter the water if feeling unwell.
12. I agree to take full responsibility for my belongings whilst on the grounds of the venue.
13. I am aware of waterborne diseases and understand that the cleanliness and water quality is the responsibility of the venue.
14. I agree to abide by the safety rules and regulations as set out by the venue.

Surname:	
First Names:	
Date of Birth:	
Address:	
Next of Kin:	
Next of Kin Contact Details:	

Physical Activity Readiness Questionnaire

1. Do you have high blood pressure?	Yes	No
2. Do you have low blood pressure?	Yes	No
3. Do you have Diabetes Mellitus or any other metabolic disease?	Yes	No
4. Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)?	Yes	No
5. Has your doctor ever said that you have a heart condition?	Yes	No
6. Have you ever felt pain in your chest when you do physical exercise?	Yes	No
7. Is your doctor currently prescribing you drugs or medication?	Yes	No
8. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?	Yes	No
9. Is there any history of Coronary Heart Disease in your family?	Yes	No
10. Do you often feel faint, have spells of severe dizziness or have lost consciousness?	Yes	No
11. Do you know of any reason why you should not participate in physical activity?	Yes	No

I agree to abide by the safety measure herein and any other local safety requirements issued on the day of the swim. I am fully aware of the dangers of swimming in an open water environment and that there is not always a life guard on cover.

I am aware of the fitness levels required to participate in open water swimming and confirm that the information I have provided is true and correct.

I accept that Wootton Tri, the organisers, the venue, landowners and their agents cannot be held responsible for any loss or injury howsoever caused. I swim at my own risk.

Signature:

Date: