Medical Consent Form (Activities)

Booking Ref:		Name of group/group leader:	
Date/Time of activity:		Type of activity:	

Participant Information			
Full Name:			
Address:			
Postcode:			
Telephone:	Day:	Evening:	Mobile:
Email:			
Date of Birth:			Age:

Medical Information *Please complete all sections*	**Yes**	**No**
Do you have a disability? If yes, please give details:	☐	☐
Do you have any medical conditions of which we should be aware? If yes, please give details:	☐	☐
Do you have any allergies? If yes, please give details:	☐	☐
Please detail any other information that may be relevant to your participation in this activity:		

Health & Safety Declaration *Please complete all sections*	**Yes**	**No**
I understand that the activities I may participate in will expose me to many hazards and involve the risk of property damage and loss and even personal injury, illness or death. Whilst TBIWWC will take all reasonable steps to ensure my safety, I understand that they cannot be held liable for my own actions, for which I must take responsibility, or for those of a third party.	☐	☐
I do not have any medical conditions or illnesses other than those disclosed on this Medical Consent Form. Despite these conditions I am sufficiently fit, able and competent to participate in the activities specified on booking.	☐	☐
I have read and agree to abide by the TBIWWC Rules and Regulations (posted in reception and around the centre and available on request).	☐	☐
I have been able to read the relevant Terms and Conditions and agree with these.	☐	☐
I can swim 25 metres or further.	☐	☐
I weigh less than 16 stone / 100kg. If yes, what is your weight?	☐	☐
I am fit and well to safely take part in the activities.	☐	☐
I declare I will not participate in any activities if I am under the influence of alcohol or drugs.	☐	☐
I have read and understand The Water Quality Statement	☐	☐

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Emergency Contact Details			
Name:			
Address:			
Postcode:			
Telephone:	Day:	Evening:	Mobile:
Relationship to you:			

If I have any questions or queries or am unsure of anything in the above I will speak to one of the TBIWWC staff members to seek advice.

DECLARATION Participants over 18 years of age.

I have read and understood this declaration. I acknowledge that if I have answered "no" to any of the above statements in the Health & Safety Declaration Section statements, I will not be able to use the TBIWWC.

I have read and understand all Terms & Conditions relating to my booking including The Water Quality Statement and upon signing agree to comply with the Rules & Regulations of the Centre.

I am over the age of 18 and confirm that all the information supplied herein is correct.

Name: ..... Date: ..... Signature: .....

DECLARATION Participants under 18 years of age.

D.O.B of Participant	

A parent/guardian must sign below if the participant is under 18 years of age:
I, the legal parent/guardian of ..... give my consent for my child to take part in the activities above. In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person and/or any medical or dental treatment, including but not without limitation to anaesthetic and blood transfusion, which may be considered necessary by a registered medical practitioner.

Name: ..... Date: ..... Signature: .....

We may occasionally film or take photographs of participants for publicity purposes, including reproduction on our website. If you do not agree to us using photographs or footage that includes yourself/your child, please tick the box. ☐

I have read and understand all Terms & Conditions relating to my booking including The Water Quality Statement and upon signing agree to comply with the Rules & Regulations of the Centre.

For staff completion

Full Name: ..... Date: .....

Signed on behalf of TBIWWC: .....*

*Signed in the event that proof of age is witnessed.