

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 <i>Please complete all sections</i>	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 <i>Please complete all sections</i>	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 15 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		