



**NEW SWIMMER FORM – THIS FORM MUST  
BE COMPLETED IN FULL PRIOR TO SIGNING IN**

BAND # ISSUED:

**Personal Details**

**PLEASE WRITE CLEARLY**

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 (e.g. Asthma)? Yes No
12. Have you been diagnosed with either of the following? Diabetes – Yes/No Epilepsy – Yes/No
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 below:

\_\_\_\_\_

PLEASE TURN OVER TO COMPLETE FORM & SIGN



**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.

If you have answered yes to any of the medical questions 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.

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.

As a new swimmer to Shepperton Open Water Swim I understand that the induction process involves the following steps:

- HEALTH FORM COMPLETED, SIGNED AND HANDED IN TO SOWS STAFF.
- SIGN IN AT NEW SWIMMER DESK - SWIM NUMBER ISSUED & £5 PAID
- SAFETY BRIEFING COMPLETED – THIS HAS TO BE GIVEN BY SOWS STAFF
- SWIM TEST COMPLETED SUCCESSFULLY

**By signing this agreement you waive all rights and agreeing 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 and I agree that I will follow any instruction given to me by sows staff without question

Signature: \_\_\_\_\_

Name (in caps): \_\_\_\_\_ (PLEASE WRITE NAME CLEARLY)

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/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(delete as appropriate)