

1485 TRI CLUB

OPEN WATER SWIMMING AT BOSWORTH WATER PARK

As a prerequisite to swimming in the Bosworth water park the designated times, will be as agreed between the owners and B.T.F. Triathlon Clubs. You are required to read and sign as agreement to abide by the strict safety measures detailed below:

1. I will not enter the water until all safety measures have been put in place and will abide by such safety measures at all times ensuring I swim within the designated area.
2. I shall ensure that I have paid the appropriate fee and completed and returned my declaration including emergency contact details to the club safety officer before entering the water.
3. I will register my name with the club safety officer/marshal on entering and exiting the water.
4. I shall exit the water when instructed to do so or at the end of the designated swim session
5. It is advisable a wetsuit and a brightly coloured swim hat should be worn whilst in the water.
6. I will stay in my allocated pair/group during the whole of my time in the water.
7. I will enter and exit the water at the specified place and stay within the designated swim route unless instructed otherwise by a marshal or the club safety officer.
8. In the event I enter into difficulty during the swim session I shall roll on to my back and signal for rescue by raising either the left or right arm in the air.
9. I will provide the appropriate contact details in the event of emergency and agree these can be kept at the clubhouse until the end of the swim session.
10. I will not enter into the space of other water sports users.
11. I shall not swim or enter the water if feeling unwell.
12. I am aware of waterborne diseases such as weils disease
13. I agree to take full responsibility for my belongings whilst within the grounds of Bosworth Water Park.
14. I shall ensure all pets or children are kept away from the waters edge or pontoon areas of the water park
15. I have read and agree to respect and abide by the safety rules and code of conduct of both the Bosworth Water Park and Triathlon Clubs and the British Triathlon federation
16. I have filled in correct contact details below, of next of kin etc

Surname:	
Forename:	
Date of Birth:	
Address:	
Next of Kin:	
Next of Kin Contact Details:	
Medical Problems: (e.g. Heart disease, Asthma, Diabetes etc...)	
Current Medication:	
Medication Allergies:	
Other Details:	

I agree to abide by the safety measures 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 life guard cover. I am also aware of fitness levels required, and I accept the organisers, landowners and their agents cannot be held responsible for any loss or injury howsoever caused. I swim at my own risk.

Signature: _____ (parent/guardian if under 16 yrs of age)

Date: _____ Email: _____

Tel _____

B.T.F. number....

Tri Club.....