

# Swim Wild



## Medical Questionnaire and Disclaimer

Swimming outdoors heightens the risk of serious injury or harm. The risks of outdoor swimming include (but are not limited to) hypothermia, drowning, sickness from polluted water, injury from wildlife, other swimmers or debris in the water. The 'safety' of locations varies with the weather, the abilities and knowledge of the swimmer and over time – rainfall can dramatically change the safety profile of a swim

This form is a Swim Wild disclaimer. By signing this form you take full responsibility for any liability or loss you may receive or cause, whilst attending a Swim Wild activity at any designated Venue. You confirm you can swim 100 meters unaided:

Please complete Fully and in BLOCK CAPITALS:

Surname/Family name: \_\_\_\_\_

First Name: \_\_\_\_\_

D/O/B: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

In an Emergency: \_\_\_\_\_

Name & Address: \_\_\_\_\_

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Activity: \_\_\_\_\_

We want to make sure you don't miss out on anything so tell us how to get in touch:

Text: (     )                      Email:            (     )                      Facebook    (     )

## Confidential Medical Questionnaire



**Please answer all questions**

**Do you suffer, or have suffered from any of the following?**

Description	No	Yes please give details
Have you had Covid?		
Have you got any Covid symptoms?		
Heart Disease?		
Family History of Heart disease / stroke?		
Chest Complaints?		
High Blood Pressure?		
Fainting or Dizziness?		
Circulatory/Blood problems?		
Epilepsy/Seizures?Fits?		
Major Surgery?		
Do you regularly take prescribed drugs?		
Bone/joint Injury?		
Have you ever had any drug or alcohol problems?		
Back pain or injury?		
Do you take regular Exercise?		
Do you smoke?		
Has your doctor ever advised you against exercise due to illness/ injury?		
Are there any other Medical Conditions you feel we should know about?		

Declaration:

I understand that whilst every care will be taken to give safe instruction, I accept full responsibility and consider myself fit to exercise. I have answered all questions correctly and all medical and health considerations are noted above.

Please note it is your responsibility to inform Swim Wild of any medical condition that may affect your health whilst under their instruction as the information declared on this form is not passed on to anyone:

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

if under 18 a parent or guardian must sign. All given information is protected under data protection Act.