

## CONSENT FORM (Non CIWW Coached)

<b>Date of Session:</b>	
<b>Time of Session:</b>	
<b>Group Name:</b>	
<b>Type of Session:</b>	

### PARTICIPANT INFORMATION

<b>Full Name:</b>			
<b>Address:</b>			
<b>Postcode:</b>			
<b>Telephone:</b>	Day:	Evening:	Mobile:
<b>Email:</b>			
<b>Date of Birth:</b>			

### MEDICAL INFORMATION

<b>Do you have a disability? YES/NO</b> <i>If yes please give details:</i>
<b>Do you have any medical conditions of which we should be aware? YES/NO</b> <i>If yes please give details:</i>
<b>Do you have any allergies? YES/NO</b> <i>If yes please give details:</i>
<b>Please detail any other information that may be relevant to your participation in this activity:</b>

**N.B** *If you have any doubts or concerns about your ability to participate, you should consult your doctor or other medical practitioner. We do not advise that you participate in activities at CIWW if you are pregnant. **Individual activities may carry their own restrictions, please refer to CIWW Rules, Regulations and Etiquette.***

### EMERGENCY CONTACT DETAILS

<b>Name:</b>			
<b>Address:</b>			
<b>Postcode:</b>			
<b>Telephone:</b>	Day:	Evening:	Mobile:
<b>Relationship to you:</b>			

**NB:** If within 7 days of visiting CIWW you experience any illness that may be related to your visit, please contact CIWW to request a health monitoring form. Monitoring of our customers health is essential to ensure CIWW continues to achieve and maintain water quality of the best possible standard.

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

*Please tick here if you **do not** want us to use your contact information/photographic images or film footage in the way set out in our Terms and Conditions*

<b>Name :</b>		<b>Signature :</b>	
<b>Date :</b>			

**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.***

*Please tick here if you **do not** want us to use your contact information/photographic images or film footage in the way set out in our Terms & Conditions*

<b>Name :</b>		<b>Signature :</b>	
<b>Date :</b>			