

Bognor Regis Swimming Club - CONSENT & INDEMNITY FORM

Name of group: Bognor Regis swimming Club

Address: Bognor Regis Community College, South Way, Bognor Regis

Telephone No: Club Secretary 01243 528095

Occasion in respect of which this form of consent and indemnity is being completed:

“Team Building Day for Gala Squad”

Date: Sunday 3rd February 2008

Place: Hindleap Warren, Wych Cross, Forest Row, East Sussex, RH18 5JH

Name of Participant ("the swimmer"):

Address:

Telephone No: **Date of birth:**

A. HEALTH INFORMATION

1. What is the name, address and telephone number of the Swimmer's Doctor

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2. Does the Swimmer suffer from or need special treatment for any ailment or disability, e.g. diabetes, epilepsy, kidney disease, asthma, hay fever, migraine. If so, please specify the ailment or disability and give details of the treatment required.

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3. Has the Swimmer been in contact with any infectious or contagious diseases within the last month? If so, please give full details.

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4. Approximate date of last anti-tetanus injection if known.

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5. Does the Swimmer have any special dietary requirements, e.g. vegetarian, diabetic, medical or religious? If so please give full details.

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6. Is the Swimmer allergic to anything (e.g. antibiotics, aspirin, or other medicines, particular foods, etc.)? If so, please give full details.

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7. Is the Swimmer receiving medical treatment (including tablets) at present? If so, please give full details.

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B. INDEMNITY

I, the undersigned, being the *father/mother/guardian of the Swimmer hereby:

- (a) *Would/would not like the Swimmer to take part in all activities. (If not, please give clear information about those activities, which you would prefer the Swimmer not to participate in)
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- (b) Agree to the Swimmer being given such medical, surgical, dental or other treatment, including operations under general or local anaesthetic, and whether or not necessitating blood transfusions as may be recommended by a registered medical or dental practitioner and I hereby irrevocably authorise BRSC or any representative or other agent of BRSC to sign any written form of consent required to enable such treatment to be given, if the delay in obtaining my permission is considered inadvisable by the doctor/medical authorities/hospital concerned.
- (c) Undertake to advise BRSC if the Swimmer comes in contact with any infectious disease or develops an ailment, disability or disease as mentioned above after the date of completion of this form and prior to the date of commencement of the above event or activity.
- (d) Acknowledge and agree that neither BRSC nor any of its officers, employees, agents or representatives can be held responsible or liable to compensate for the loss of or damage to any of the Swimmer's personal belongings and that the Swimmer is responsible at all times for the safe custody thereof.
- (e) Indemnify BRSC, its officers, employees, agents and representatives from and against any liability, costs, claims or expenses howsoever arising whether directly or indirectly as a result of any accident, injury, illness or other damage of any kind whatsoever which the Swimmer may suffer or sustain which is not due to the negligence of any such officer, employee, agent or representative including in particular (but without any limitation to the generality of the foregoing) where the said accident, injury, illness or other damage is a result of the Swimmer disobeying any lawful, reasonable instructions which may be given to him by BRSC or any officer, employee, agent, or representative.

Dated this day of 2007

Signed

Full name

Address

.....

Telephone numbers: Homes.....Work.....

IN CASE OF EMERGENCY PLEASE SUPPLY THE NAME AND TELEPHONE NUMBER OF A SECOND CONTACT:

Name..... Tel.No.

The BRSC reserves the right to refuse attendance to any Swimmer if there are any aspects of concern raised by this form.