

ADULT (18+) ACKNOWLEDGEMENT OF RISK 2016 OPEN WATER SWIMMING at RIPON RACECOURSE LAKE

please

	0 40 141 011 101020	tic	
 I acknowledge that I have read, understo Swimming Rules for Ripon Racecourse La 			
I completely understand and appreciate water swimming including the possibility			
 I understand that Ripon Racecourse Lake and as such, swim entirely at my own ris or damage suffered, regardless of howev shall be attached to the organisers, land of the open water swimming at Ripon Ra 	k. In the unlikely event er it may be caused, no lords, or any persons inv	of injury, accident, loss responsibility whatsoever	
4. I hereby certify that I am physically fit a events and that I do not know of any med for me to swim in the lake. Furthermore medical advice if I have any concerns as	dical condition which we e, I am aware of the nee	ould make it inadvisable ed to seek appropriate	
I undertake at all times to use my best e anything which would expose me or fello			
6. I hereby declare that within the past 12 unassisted and without stopping, in a poor by signing this document you are stating that relevant.	ol		
First Name	Surname		
House no/ name		Postcode	
Signature		Today's date	
NOK Phone No.			
NOK First Name	NOK Surname		
Health Concerns			
FOR CLUB USE ONLY:			
Name of person conducting induction	Date induction completed		
Signature			