

Pre-Activity Readiness Questionnaire & Declaration

Please hand the completed Questionnaire & Declaration in to reception on your first visit.

Name: Date of Birth:

Address: Postcode:

Email: Tel:

Section 1 – General Health Declaration

Has your doctor ever said you have a heart condition (such as coronary heart disease, congenital heart disease, or vascular disease)?	YES / NO
Do you feel pain in your chest, shortness of breath or dizziness when you undertake physical activity?	YES / NO
In the past month have you had chest pain when you are not doing physical exercise?	YES / NO
Do you lose balance because of dizziness or do you ever lose consciousness?	YES / NO
Is your doctor currently prescribing drugs for blood pressure or a heart condition or take any medication that may affect you when taking part in physical exertion?	YES / NO
Are you pregnant?	YES / NO
Do you suffer from epilepsy?	YES / NO
Do you suffer from diabetes mellitus and need to take insulin?	YES / NO
Do you know of any other reason that may affect your ability to take part in physical activity?	YES / NO
If Yes, please state why:	

Section 2 - Swimming Specific Declaration

Are you able to swim a minimum of 400m in a swimming pool without swimming aids?	YES / NO
Are you a confident swimmer in deep water?	YES / NO
Are you able to tread water for a minimum of one minute?	YES / NO
Have you ever taken part in Open Water Swimming activities or events before?	YES / NO

If you have answered 'NO' to all questions in **Section 1** you can be reasonably sure that you can be physically active. If you answered 'YES' to one of more questions you should consult with your doctor before embarking on physical exercise.

At South Cerney Outdoor we take your health and safety seriously. We wish to highlight that open water swimming can be a potentially hazardous physical activity and any swimming can lead to risk of injury and even death in exceptional circumstances.



I agree that South Cerney Outdoor are not responsible or liable for any injuries or damages resulting from my participation in any activities. I have read the lake rules and conditions and agree to follow them.

I agree to swim at my own risk and understand the dangers associated with Open Water Swimming with the potential for serious personal injury and property loss.

I agree that I will swim in the areas stipulated by the organisers. I will swim only during the opening times stipulated and when the lake is deemed safe to swim by SCO.

I certify that I am physically fit, have no pre-existing medical conditions that would affect me swimming outdoors and have completed the health questionnaire. I will alert SCO if my health changes.

The answers provided above are accurate and truthful to the best of my knowledge and I do not believe there is any reason I should not take part in the physical activities involved.

Signature: Date:/...../.....

For persons under the age of 18 years of age this form must be signed by a parent or legal guardian.

Parent/Guardian's signature: Date:/...../.....

Name: Contact No.: