



Medical Information and Disclaimer Form for DTC Training Sessions and Events 2019

To be completed by the participant and or parent/carer of anyone under 16 years of age.

Participant details

First Name		Surname	
Gender		Date of Birth	__/__/____
Address		Email	
Home telephone		Mobile	

Emergency contact details

First Name		Surname	
Relationship		Home telephone	
Mobile		Alternative contact	

Medical and specific needs

<i>Under the Equality Act 2010 a disabled person is defined as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on an individual's ability to do normal daily activities. Do you consider this member to have any impairment? If yes please enter the nature of their ability in the section below</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Visual Impairment</td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;">Learning Disability</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hearing Impairment</td> <td><input type="checkbox"/></td> <td>Physical Disability</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Disability</td> <td><input type="checkbox"/></td> <td>Other (Please specify)</td> <td><input type="checkbox"/> _____</td> </tr> </table>	Visual Impairment	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	Multiple Disability	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/> _____	
Visual Impairment	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>										
Hearing Impairment	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>										
Multiple Disability	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/> _____										
Medical Information: Please detail any important medical information that the club should know in relation to the named member such as allergies or medical conditions, injuries etc.													
Please list any regular medications taken by the named participant													
Please list any know drug allergies													
Name of members doctor and surgery													
Doctors Telephone number													

By completing this form, the Participant is agreeing, without condition or limitation to abide by the attached terms and conditions

I agree to abide by the safety measures herein and any other local safety requirements issues on the day of the training sessions. I am fully aware of the dangers of taking part in the club's training sessions and the fitness levels required and I accept the organisers, landowners and the agents cannot be held responsible for any loss or injury howsoever caused.

Signature of participant		Date:	__/__/____
Name of parent/guardian (under 16's)		Date:	__/__/____
Signature of parent/guardian			

Please retain this attachment for future reference



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Terms and Conditions

It is the participant's responsibility to provide accurate and up to date information when completing this disclaimer. Any error in data entered is the responsibility of the participant/guardian of participants under 16. The participant must inform DTC of any changes to the above information at the earliest opportunity.

Liability

Participation in the event of training session is at the Participant's own risk.

DTC shall not be liable for any loss, damage or expense arising from an event of a Force Majeure.

Whilst DTC takes every care with staging the session/event, the Participant acknowledges that personal accident and personal items insurance is his/her sole responsibility.

DTC shall not be liable to Participant in the event of injury or loss or damage of or to personal equipment belonging to the participant, or any indirect or consequential loss or damage whatsoever arising out of the participant taking part in the training session.

DTC will not be liable for any spectators or other third parties.

Training Sessions involving Cycling

The participant is aware that cycling may be on public roads and that they must obey the Highway Code at all times.

The participant must wear a hard-shell helmet that meets an internationally accepted standard and display appropriate lighting as weather and lighting conditions dictate

Training Sessions involving Open Water Swimming

The participant agrees that he/she is fully aware of the dangers of swimming in an open water environment.

The landowners cannot be held responsible for any loss of injury howsoever caused.

As a prerequisite to swimming at the open water venue, as agreed between the venue and owners and DTC, you are required to abide by the strict safety measures detailed below:

1. I will at all times follow the instruction and direction of the DTC event organiser.
2. I will not enter the water until all safety measures have been put in place and will abide by such safety measures at all times ensuring I swim within the designated area.
3. I am a competent swimmer capable of completing an 800m continuous swim, and I am over the age of 16 years. Members under 16 must be accompanied by a parent or an adult at all times.
4. I shall ensure that I have paid the appropriate fee and completed and returned my declaration including emergency contact details to the club safety officer before entering the water.
5. I will register my name with the club safety officer/marshal on entering and exiting the water.
6. I shall exit the water when instructed to do so or at the end of the designated swim session.
7. A wetsuit and brightly coloured swim hat are to be worn at all times whilst in the water.
8. I will stay in my pair/group during the whole of my time in the water.
9. I will enter and exit the water at the specified place and stay within the designated swim route unless instructed otherwise by a marshal or the club safety officer.
10. In the event that I enter into difficulty during the swim session I shall roll on to my back and signal for rescue by raising either the left or right arm in the air.
11. I will not enter into the space or other water users.
12. I shall not swim or enter the water if feeling unwell.
13. I shall, and ensure any of my party are, at all times wearing a life jacket or wetsuit whilst within 2 metres of the water's edge.
14. I shall ensure all pets or children are kept away from the water's edge.
15. I will, at all times, respect members of the public and will be courteous to the event organisers and other users of the venue.
16. I agree to respect and abide by the safety rules and code of conduct of both DTC and the venue owners and their instructions.
17. I have read and understood the 'Code of conduct', Risk Assessment and Normal Operating Procedures which are available on the DTC website.

Collection and Use of Personal Data

The Participant agrees and consents to DTC using his/her personal details provided in this form for the purposes outlined below.

DTC requires a record of each Participant's personal details including third party emergency contact details in order to safely administer the training session/event.

DTC will keep records of medical information provided that it is kept confidential and may be shared only with medical personnel or teams allocated to the training session/event. This includes ambulance staff and hospital staff if necessary.

The Participant agrees that DTC may use such information in relation to future training sessions/events organised by DTC.

The Participant reserves the right to request that his/her personal data is deleted from DTC records at any point in the future. However, new personal data will need collecting to enable participation in any DTC future training sessions/events.

In line with Data Protection Act 1998 all efforts will be made to ensure that this information is only used in connection with the purpose it has been collected for and the purposes of the club. Information will not be kept should a member leave the club and details will only be disclosed to the relevant club officers and/or coaches.