

BTC MEDICAL CONSENT FORM

Please fill out separate forms for each person

PARTICIPANTS DETAILS

Name:

EMERGENCY CONTACT DETAILS

Name:

Relationship to participant:

Contact numbers - TEL: **MOB:**

DETAILS OF ANY MEDICAL CONDITIONS/INJURIES/DISABILITIES

that may affect your safe participation in swim run/bike sessions and any safety measures that need to be taken e.g. asthma and having inhaler readily accessible:

DISCLAIMER

By signing this disclaimer you are accepting on your behalf, or on behalf of your son or daughter if 16 or under

* That you or they are taking part in sessions of your/their own free will, knowing that sessions will be supervised by a qualified coach and there will be lifeguard cover in place at pool swim sessions.

* That you or they are sufficiently competent in the water and fit enough to participate in pool swim training sessions without causing risk to self or others.

*That you are happy to take responsibility for your or their actions at training sessions and that Bolton Triathlon Club cannot be held responsible for any illness, accidents, injury or death.

Signature of member:

Signature of Parent/Carer if 16 or under:

Date:

Print Name of Parent/Carer if 16 or under:

Date _____ Signed (BTC coach) _____