**The Big Dip for St Kentigern Hospice Medical Disclaimer & Declaration 25th February 2024**

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| --- |
| **Participant Details**  |
| Full Name |  |
| Full Address |  |
| Phone Number |  |
| Email address |  |
| **Emergency Contact Details**  |
| Full Name |  |
| Relationship  |  |
| Contact telephone number |  |
| **Known Medical Condition**  |
| Details of any known medical conditions or allergies  |  |

**In recognition of the potential dangers and inherent risk associated with cold water dipping,**

**I confirm that:**

|  |  |
| --- | --- |
| **Terms of The Big Dip for St Kentigern Hospice**  | **Tick to agree** |
| I am over 18 years old |  |
| I have no medical conditions which would endanger myself or others taking part and have declared any known medical conditions  |  |
| If I have one or more medical conditions including but not limited to: heart complaints, high/low blood pressure, asthma or other chest complaints, orthopaedic issues, which could hinder my participation, I will seek advice from my GP before partaking in The Big Dip  |  |
| I will sign in and out at the start and end of the event and notify and change in emergency contact details at sign in |  |
| I will attend and listen to the safety briefing before entering the water and I will follow the reasonable directions of St Kentigern Hospice staff and volunteers  |  |
| I will enter and exit the water at the designated point and only when instructed |  |
| I will exit the water immediately if and when asked to by the organisers |  |

**Declaration**

By ticking this box I am confirming I have read, understood and agree to information and safety briefing detailed in this document

By signing this document, I am certifying that all information provided is correct and that I agree to the terms of The Big Dip.

I confirm that I understand the dangers associated with cold-water dips, and agree to dip at my own risk and that St Kentigern Hospice is not liable for any accidents, injury, loss or damage may arise before, during or after The Big Dip for St Kentigern Hospice on 25th February 2024 regardless of the cause.

Signed: …………………………………………………………………………………. Date: …………………………………………………

**Please return this form to:**

Fundraising Department

St Kentigern Hospice

Upper Denbigh Road

St Asaph

LL17 0RS