



Event Participation Disclaimer & Informed Consent
World Wide Aquathon 2017 supporting BreastStrokes Dragon Boat Team

Disclaimer: The facility staff, event organizers, volunteers, instructors and hosting facility accept no responsibility for any damages, injuries, or losses resulting from my participation in this event, however caused. **Individuals participating in this charitable event, including recommended exercises, do so at their own risk.**

Informed Consent: I, (print your full name) _____

acknowledge that there is the risk of injury or death associated with participating in any physical activity including exercises in this event, and I assume all such risks. I release all instructors, event organizers, volunteers, and the hosting facility from any liability for damages, losses, or claims arising out of any injury sustained by myself during or following participation in any activities, whether or not the instructors, event organizers, volunteers, or facility holding this event are unintentionally negligent.

Please put your initials in each box below to acknowledge that you have read each statement and accept full responsibility for participation and actions during this event.

- By reading this, I am being informed, and am aware that aquatic exercises, including the use of equipment, involve a risk of injury, and that I am voluntarily participating in these activities and using equipment at my own risk.
- I agree that if I feel light headed, dizzy, nauseous, or experience pain or discomfort at any time during the event, I will immediately inform the event organizers and/or Instructor, and will stop activity immediately.
- I agree to inform the event instructor at any time while participating in this training event of any existing conditions or changes in my health that might affect my ability to participate safely and with minimal risk of injury to myself or others.
- I understand that I am not obliged to perform or participate in any activity prescribed by an instructor unless I wish to do so. I know that I have the right at any time to decline or stop participation in any activity or demonstration.
- I understand that videos and / or still pictures containing my image during the event may be used in event publicity, social media, and promotional materials. I grant my consent for unrestricted use of all such imagery in this context.

I acknowledge that I have read and fully understand the Disclaimer and Informed Consent presented on this page. My signature indicates my understanding and full agreement with all terms and conditions stated here.

Signature

Date

Witness

Date



Health Screening Questionnaire for Event Participation

Full Name (Print in ink please): _____

Address: _____

Email: _____ Phone: _____

Date of Birth: _____ Circle Change Room Preference: Female Male

Health Screening: Please respond to the following questions by checking 'yes' or 'no'.

	√ Yes	√ No
1. Has your doctor ever said that you have a heart, liver, metabolic, or other condition that could be made worse by exercise such as: vigorous, moderate, or gentle activity in water?		
2. Do you have any open wounds or skin that may be irritated by public pool water?		
3. Are you afraid of water, or water phobic?		
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		
5. Do you have a bone or joint problem that could be made worse by movement?		
6. Are you taking prescription drugs for blood pressure, a heart condition or epilepsy?		
7. Are you currently undergoing radiation therapy or chemotherapy?		
8. Are you pregnant now, or have you had a baby in the last 6 weeks?		
9. Have you been diagnosed with osteopenia or osteoporosis?		
10. Have you had a recent surgery or injury to your bones, muscles, organs or skin?		
11. Are you incontinent?		
12. Do you have COPD or difficulty breathing when standing in chest deep water?		
13. Do you know of any other reason why you should not participate in this event?		
** I understand that illness on the date of the event (cold, flu or other contagious condition) will exclude me from participation in pool exercise, and that my event fee cannot be refunded.		

If you answered 'yes' to one or more of the numbered questions, please consult with your personal physician by phone or in person before participating in event activities and exercises. Tell your doctor/healthcare advisor about the questions you answered 'yes' to, and discuss your suitability to participate.

If you have answered 'yes' to one or more questions above, have already consulted your MD, and have been told you could participate in activity, please place your initials beside the item marked 'yes', and write: "MD OKd".

I verify that I have answered the health screening questions honestly, that I have no health restrictions preventing me from participating in this training event. If I have answered 'yes' to any questions, I verify that I have been given medical clearance to participate, and/or have discussed my suitability to participate with the event organizers. I will respect any pain or movement restrictions and modify my participation accordingly.

Signature: _____ Date: _____