

**Safety Declaration:**

1. I hereby certify that I have read a copy of Lagan Dragons Water Safety Booklet and will abide by the Club’s safety rules and regulations.

2. I confirm that I can swim 50m in light clothing unaided and I understand the risks associated in not wearing a PFA, although advised by the IDBF Water Safety Policy and stipulated by the Club rules, or I confirm that I am a weak/non-swimmer and will wear a PFA at all times. (Delete as appropriate).

3. I have read, understand and agree to adherence to the Rules and Regulations as set down by the Lagan Dragon Boat Club Executive Committee.

4. I take responsibility for ensuring that I am dressed adequately for the conditions and agree that I will not wear anything (including personal accessories, equipment or jewellery) which may impede my ability to escape from a capsized boat or swim unaided once in the water. I accept the risks of immersion into cold water should the boat capsize.

5. I have been briefed on the capsize procedure.

6. I undertake to provide the Club with details of a disability or medical condition which may affect my participation in Club activities, e.g. epilepsy, asthma, diabetes, heart problems, injury or allergies. I also undertake to inform the Club if subsequently I develop any medical condition or disability which may affect my taking part in Club activities. I understand that this information will be passed on in confidence to selected coaches / committee members in order to minimize any risk to myself or others.

7. I acknowledge and consent to photographs and electronic images being taken of me during my participation in any sporting activities related to Dragon Boating. I acknowledge and agree that such photographs and electronic images are owned by Lagan Dragon Boat Club and it may use the photographs for promotional or other related purposes. Any photos will be reflective of the team and the sport and not the individual.

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| Details of current injuries/allergies/health problems/disabilities that you feel the Club, Coach or Helm should be aware of: (Please state if you have ever been diagnosed with breast cancer [yes / no] and if yes, date most recent treatment finished.) |

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_