

Fitness Declaration & Emergency Contact Form

Name:

Mobile Number:

Email Address:

Date of Birth:

During certain courses, the practical sessions may be physically demanding at times. Therefore, you are required to answer the below questions. If you have any concerns, you can discuss these in confidence with the instructor. By completing the below, you also agree to report any illnesses/injuries that arise during the course to the instructors.

	Agree	Disagree
I am free from illness and infection, including symptoms of Covid-19		
I am fit and have no issues with bending and lifting (Breathing apparatus set weighs approx. 18kg)		
I do not suffer from vertigo		
I do not suffer from claustrophobia		
I do not suffer from Epilepsy		
I have never suffered from blackouts, fainting or dizziness		
I do not wear contact lenses		
I am a confident and able swimmer (lifejackets will be used)		
I am not taking any medication (prescribed or otherwise)		

If you have answered "Disagree" to any of the above, please give your reasons below. Where medication is listed, please advise what the medication is for.

In the unlikely event of an incident happening, I authorise a member of staff to contact my next of kin:

Name:

Relationship to you:

Contact Number:

DATA PROTECTION POLICY

THE PROCESSING OF PERSONAL DATA IS NECESSARY CONTRACTUALLY FOR THE COURSE BOOKING AND FOR THE LEGITIMATE INTEREST IN THE INDIVIDUAL'S SAFETY. ANY INFORMATION WHICH FALLS UNDER THE DEFINITION OF PERSONAL DATA AND IS NOT OTHERWISE EXEMPT, WILL REMAIN CONFIDENTIAL AND WILL ONLY BE DISCLOSED TO THIRD PARTIES WITH APPROPRIATE CONSENT.

Signed:

Date: