

**INDEMNIFICATION AND HEALTH STATEMENT Amsterdam City Swim for Kids 8 September 2019**

By participating in the activities of the Amsterdam City Swim for Kids you, as a guardian, accept the following conditions for yourself and the participating minor:

1. The trail of the Amsterdam City Swim has been chosen very carefully and cleaned, swept and marked with the greatest possible care. Nevertheless, you or the child might injure yourself by bumping into the quay of objects next to or in the water of which you or the child might encounter possible damage.
2. Participating in the ACS for Kids increases the risk of infections. Participation is completely at your own risk. The Amsterdam City Swim Foundation, her employees and other connected people or organizations are not liable for any injury or damage suffered.
3. The Amsterdam City Swim foundation is free to decline a participant (guardian or child) at any moment to the activities agreed between the participant and the Amsterdam City Swim Foundation, if:
  - a. The organization of the Amsterdam City Swim believes that a – physical – limitation of (a) participant(s) could be dangerous for the concerning and/or other participants
  - b. The participant(s) do(es)n't follow the directions of the organization of the Amsterdam City Swim in the context of a good and responsible organization of the event, including, but not only:
    - i. Wearing a swim cap with time registration during the swim, provided by the organization of the Amsterdam City Swim;
    - ii. Breaking the ban of swimming the trail of the Amsterdam City Swim on times other than assigned (10:00 – 12:00);
    - iii. Not following the directions of the organization of the Amsterdam City Swim Foundation at the start regarding a good flow for all participants.

We, the participant and his/her guardian, declare that we have read the abovementioned, we are aware of the things determined above and the risks of participating in the Amsterdam City Swim for Kids. We declare that we comply to all conditions and fit enough to participate in the Amsterdam City Swim for Kids. Therefore signed, in Amsterdam, 8 September 2019.

Name participant (child):  
Signature participant:  
Age participant:

Name guardian:  
Signature guardian:  
Age guardian:

Start number:  
Wave number:

*If the guardian is not the parent of the child, the guardian needs to be authorized:*

Hereby I.....(parent of the child) authorize the guardian..... to swim with my son/daughter. 8 September 2019.....(signature)

If you have any questions on forehand, please send an e-mail or call to [info@amsterdamcityswim.nl](mailto:info@amsterdamcityswim.nl) / 020 496 9172. On the day of the event you can turn to the organization.

We advise you to vaccinate against tetanus. A tetanus vaccination is valid for 10 years. If you have any questions about your health or rare infectious diseases (such as the disease of Weil or Hepatitis A) and the possibility to participate in the Amsterdam City Swim, please consult your doctor.

**Health statement for participation in the Amsterdam City Swim for Kids 2019 (encircle your answer)**



1. Did a doctor advice against practicing sport or avoiding physical strain in the past year?  
**Child: Yes No Guardian: Yes No**
2. Do you have pain/tightness in your chest when you exercise and/or strong emotional condition (with possible radiation to arm and/or neck) which reduces when you rest?  
**Child: Yes No Guardian: Yes No**
3. Did you have a heart-attack, heart-surgery or angioplasty in the past year?  
**Child: Yes No Guardian: Yes No**
4. Do you have one or more of the following complaints: irregular heartbeat, skip or unexpected increasing of the heartbeat or do you use medicines for these complaints?  
**Child: Yes No Guardian: Yes No**
5. Do you suffer from unexpected dizziness, with which you pass out (except for little dizziness while waking-up)?  
**Child: Yes No Guardian: Yes No**
6. Did you have an epileptic seizure, TIA or stroke in the past year?  
**Child: Yes No Guardian: Yes No**
7. Do you have any other complaints with which you cannot swim? (for example an injury or significant tiredness)?  
**Child: Yes No Guardian: Yes No**
8. Do you use medicines that could pose a potential risk to your participation?  
**Child: Yes No Guardian: Yes No**  
If yes, for what and which? .....(child/guardian)
9. Do you suffer from conditions that increase the risk of infections such as diabetes, HIV, splenectomies or circulatory disturbances in the legs?  
**Child: Yes No Guardian: Yes No**
11. Are you pregnant?  
**Guardian: Yes No**  
(If you are pregnant, you are not allowed to participate in the Amsterdam City Swim for Kids).
12. Are there any other health issues that could be a reason not to participate in the Amsterdam City Swim?  
**Child: Yes No Guardian: Yes No**  
If yes, which?.....(child/guardian)
13. Do you ever experience cold injuries such as hypothermic or frostbite?  
**Child: Yes No Guardian: Yes No**

Date: 8 September 2019

Signature child: Signature guardian:

Name: Name:

Telephone number person reachable on 8 September 2019:

**If one of the answers above is affirmative, you must stop by the health services on 8 September 2019 between 09:00 and 10:00 (location Hermitage). A doctor will evaluate whether it is safe to enter the water or not.**

If you have any complaints or health problems **after the event** and related to the Amsterdam City Swim for Kids, please report this by sending an email to [info@amsterdamcityswim.nl](mailto:info@amsterdamcityswim.nl).