



## Under 18 Participation Authorisation Form

Name of Swimming participant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOB: \_\_\_\_\_

I agree to the above to participate in the Lyme Splash Lyme Regis to Charmouth Challenge. I accept it will be at the swimmers own risk and accept the terms and conditions as shown on the Lyme Splash website.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Participating Swimmer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact number: \_\_\_\_\_

### When completed please:

Email to: [info@lyme-splash.com](mailto:info@lyme-splash.com)

Or

Post to: Lyme Splash, Shutters, Clappentail Lane, DT7 3LZ