



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

Or

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