Swindon & Cricklade Railway

Footplate Experience Day – Applicant's Sign-Off form

Please complete this form and bring it with you on the day of your course.

Applicant's details:

Forename:		Surname:	
Address:			
		Postcode:	

I confirm:

- I am able bodied and do not need assistance to get on and off the footplate of the locomotive.
- I will not consume alcohol or drugs 24 hours before the start of the footplate experience.
- I will not consume prescription medication that could affect my abilities/performance before the start of the footplate experience.
- I agree to abide by and comply with all instructions given by the Swindon & Cricklade Railway's authorised staff.
- I have read and understood the Safety Advice notes sent me.

Signed: _____

Print name: _____

Date of FED: _____

Date: _____

Registered Charity No. 1067447
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Tadpole Lane, Swindon SN25 2DA

Registered in England: Company No. 3479479
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