



Date of Walk: _____ Destination of Walk: _____ Walk Leader: _____ First Aid Officer: _____

	Name	Address <i>(We would also appreciate your own <u>phone and email</u> details if you are happy to include them)</i>	Age if <18	Name and phone of emergency contact	Details of prior medical condition and especially medication	Indemnity Signature (must be over 18) **
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Details must be filled in for every participant before commencement of walk.

** "I am prepared to attend this walk at my own risk because of the unavailability of a qualified first aid person."

For walkers under 18, this indemnity can only be signed on their behalf by parent or legal guardian accompanying that walker on this walk.



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