

Walkabout Wrexham and District

Multi-Use Walk Register

Day of Walk _____ Start Time _____

Location of Walk: _____

Walk Leader(s): _____

Back-up Leader(s): _____

Notes _____

Health

- I confirm I have read the 'Guidance for New Walkers'.
- Please inform the walk leader(s) of any health conditions you have and/or any medication you are carrying that they should know about.
- Please ensure you are carrying an ICE card and that the details on it are up to date.
- I confirm that I understand I take part in this walk at my own risk and I will seek medical advice if appropriate.

Walk Leaders should also enter their details on this register.

	Walker's Forename (Please Print)	Walker's Surname (Please print)	New?	Photo Consent?	DATES													
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2																		
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14																		
15																		
Total Number of Walkers (including leader/s)																		
Total Number of NEW Walkers																		

Confidentiality

- Information collected on this form is retained for 12 months for insurance purposes.
- Walkabout Wrexham and District will not pass on your personal details to anyone else.

Health

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	Walker's Forename (Please Print)	Walker's Surname (Please print)	New?	Photo Consent?	DATES															
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