stroll back the years

Registration Form (2017)

PLEASE WRITE IN CAPITAL LETTERS

Full name:	
Address:	
	Postcode:

Date of birth:	
Telephone:	Mobile:
Email address:	
Emergency contact name:	Tel:

Do you feel that you have any medical conditions that might affect you when walking?

Please tick: Yes ❑ No ❑

Have you sought medical advice before undertaking a walk programme?

Please tick: Yes ❑ No ❑

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Stroll Back the Years – Liability Disclaimer

I understand that all activities I participate in as part of the *Stroll Back the Years* walking group are done so at my own risk and I accept all responsibility.

I agree not to bring any claim against the Organisers or Leaders involved in the *Stroll Back the Years* walking group.

I have read and accept the terms of this liability disclaimer agreement.

By signing this form, I confirm that all the information provided is correct and I UNDERSTAND THAT I WALK AT MY OWN RISK.

Signature:	
Full name:	
Date:	