



SKERRIES WALKING CLUB
skerries.walking@gmail.com

GUEST WALKER DETAILS

PLEASE USE BLOCK CAPITALS

Full Name: _____

Phone: _____

e-mail: _____

I am aware, and accept, that by participating in a club walk there is a risk of personal injury or death. I participate in this walk voluntarily. I accept that I shall be responsible for my own actions and involvement.

The club's activities are of a strenuous nature – I accept that it is my responsibility to check with my doctor regularly, if I have a medical condition, that I have his/her consent to participate in a club walk.

Note - you must be aged 18 or over to participate in a club walk

Signed: _____

Date: _____

Date of Walk _____

Walk Leader _____

I give permission for Skerries Walking Club to hold my personal data for the purposes of organising walks, and understand that the club will not retain the information any longer than necessary.