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| **PARTICIPANT DETAILS** |
| **Name** |       |
| **Membership No.** |       |
| **Phone No.** |       |
| **Email address** |       |

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| **WALK LEADER DETAILS** |
| **Name** |       |
| **Membership No.** |       |
| **Phone No.** |       |
| **Email address** |       |

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| **ACCIDENT / INCIDENT DETAILS** |
| **Location** |       |
| **Date** |       |
| **Time** |       |
| **Activity** |       |

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| --- |
| **ACCIDENT / INCIDENT DESCRIPTION** |
|      For additional space, please turn overleaf |

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| **LEARNINGS FROM THIS ACCIDENT / INCIDENT** |
|       |

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| **Signature** (person completing this form) |       |
| **Participant signature** (if possible) |       |
| **Walk leader signature** |       |
| **Date** (this for completed) |       |

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| **ACCIDENT / INCIDENT DESCRIPTION** |

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| Continued form overleaf      |