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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 |