GREENWAYS WALKS PARTICIPANT SIGN IN

*I declare that I am capable of undertaking this Walk having discussed with the Walk Leader any limitations I have (e.g. medications, physical), assessed the risks to myself and my property, and ensured that I am adequately equipped.*

*I will follow the instructions of the Walk Leader, and advise them before moving away from the group.*

*I understand that Bywong Community Association has public liability insurance but does not provide personal accident insurance for Walk participants. I understand that, in the event of an accident, participants are expected to have their own ambulance insurance cover for a medical evacuation.*

Walk Description:

Walk Leader: Date:

| **PARTICPANT NAME**  | **CONTACT (phone or email)** |
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