



Karingal Hub Health Walks Walker Participant Statement 2022

DATE: ___ / ___ / ___

Name: _____ D.O.B: ___ / ___ / ___

Address: _____ Postcode: _____

Telephone: (Home) _____ (Mobile) _____

Email: _____

Emergency contact: _____

Telephone: _____ Mob: _____

Please tick the box if you do not wish for your details to be placed on our database and/or receive further information about Karingal Hub activities and events.

The Health Walks are run:

- Monday, Wednesday and Friday (7.45am) – low to moderate level walkers

All walkers must be able to walk independently.

FOR PARTICIPANT TO COMPLETE:

I agree that I am participating at my own risk and can walk independently.

In the event of a medical emergency: first aid will be administered and an ambulance will be called.

I have consulted with my doctor and decided that the walk is suitable for me.

SIGNED: _____ DATE: ___ / ___ / ___

Parent or guardian to sign (if under 18)