



Walker registration form – Balsam Centre walks

Participant details

Title: _____ Full name: _____

First half of your postcode: _____ Telephone number _____

Email:

We only use your personal information for administrative purposes to support your participation. We will not use your data for any other purpose than to inform you of updates, changes or cancellations to the walks, and to email or send you the new programme of walks every 6 months. Your information is stored securely and will not be passed on to third parties.

Please provide information regarding any health/medical conditions or concerns which may be important for the walk leader to be aware of:

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I understand that I will take part in the Balsam Centre Walks at my own risk and will seek medical advice beforehand if appropriate and agree to tell the walk leaders if there is a change in my medical condition. I agree to follow the guidance to keep leaders and fellow walkers safe.

Signed..... **Date**

*If you would **ALSO** like to receive updates about The Balsam Centre and our activities via our emailed newsletter, please tick the box and sign.*

Signed.....Date.....