

# Walker registration form – Balsam Centre Long walks

## Participant details

Title: \_\_\_\_\_ Full name: \_\_\_\_\_

First half of your postcode: \_\_\_\_\_

**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.**

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

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If you would like us to keep you updated on the walking conditions of the next walk, and to email you future walks brochures please provide us with your email address.

e-mail: \_\_\_\_\_

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.

*I consent to The Balsam Centre holding my information securely for the purposes of contacting me regarding the walks.*

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

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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.....