

Get Ireland Walking

Walk Register + Waiver

Date:	Time:
Has the route been risk assessed (Mark Yes/No): <input type="radio"/> Yes <input type="radio"/> No	Duration:
Group Coordinator / Volunteer Walk Leader Name:	Phone:

In partaking in this activity I understand that:

- I take part at my own risk and that neither the organisers nor Group Coordinators / Volunteer Walk Leaders will be liable for any injury that may occur to me.
- I should inform the Group Coordinator / Volunteer Walk Leader of any health problems I have before the start of a walking session.
- I should wear appropriate clothing and footwear.
- I should partake at a pace that is appropriate for me.
- I should inform the Group Coordinator and Volunteer Walk Leader if I am finding the walk too difficult for me.
- Get Ireland Walking recognises that walking is an activity with a potential risk of personal injury. Participants should be aware of and accept these risks and be responsible for their own actions and involvement.

List of participants:

01 Name:	Phone:
02 Name:	Phone:
03 Name:	Phone:
04 Name:	Phone:
05 Name:	Phone:
06 Name:	Phone:
07 Name:	Phone:
08 Name:	Phone:
09 Name:	Phone:
10 Name:	Phone:
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