

COVID-19 PARTICIPATION DECLARATION

Have you travelled outside of Ireland in the past 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any of the symptoms of Covid-19 in the past 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been in any contact with anyone who has Covid-19 in the past 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I consent to my special category personal data provided to be shared with the Walk Group Leader(s) for the purposes of the delivery of my safe participation in group activity. This data will not be shared or processed for any other purpose.