



Date of Walk: _____ Destination of Walk: _____ Walk Leader: _____ First Aid Officer: _____

	Name	Address <i>(We would also appreciate your own <u>phone and email</u> details if you are happy to include them)</i>	Age if <18	Name and phone of emergency contact	Details of prior medical condition and especially medication	Indemnity Signature (must be over 18) **
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Details must be filled in for every participant before commencement of walk.

** "I am prepared to attend this walk at my own risk because of the unavailability of a qualified first aid person."
For walkers under 18, this indemnity can only be signed on their behalf by parent or legal guardian accompanying that walker on this walk.



Name

Boots N' All

Walker Registration Sheet 2024



SU Australia

Indemnity

IN TASMANIA

Signature (must

be over 18) **

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