



Date of Walk: \_\_\_\_\_ Destination of Walk: \_\_\_\_\_ Walk Leader: \_\_\_\_\_ First Aid Officer: \_\_\_\_\_

	Name	Address <i>(We would also appreciate your own phone and email 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	Photography waiver **
1						Yes / No
2						Yes / No
3						Yes / No
4						Yes / No
5						Yes / No
6						Yes / No
7						Yes / No
8						Yes / No
9						Yes / No
10						Yes / No
11						Yes / No
12						Yes / No
13						Yes / No
14						Yes / No
15						Yes / No
16						Yes / No

Details must be filled in for every participant before commencement of walk.

**\*\* Photography Waiver (please circle yes or no in right hand column)**

I understand that photos may be taken during the program activities which include my child. I give my full permission to Scripture Union Australia to use, reproduce and publish in their communication media, any photo or video which includes my child/ward. I understand that Scripture Union Australia will never identify my child/ward in any image used. I acknowledge that no fee or remuneration will be provided for the participant's appearance in any such communication media.



Name	Address <i>(We would also appreciate your <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	Photography waiver **
17					Yes / No
18					Yes / No
19					Yes / No
20					Yes / No
21					Yes / No
22					Yes / No
23					Yes / No
24					Yes / No
25					Yes / No
26					Yes / No
27					Yes / No
28					Yes / No
29					Yes / No
30					Yes / No
31					Yes / No
32					Yes / No

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