



Boots N' All

Walker Registration Sheet 2025



IN TASMANIA

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

	Name	Address (We would also appreciate your own <u>phone and email</u> details if you are happy to include them)	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

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Indemnity
IN TASMANIA
Signature (must
be over 18) **

	Name	Address (We would also appreciate your <u>phone and email</u> details if you are happy to include them)	Age if <18	Name and phone of emergency contact	Details of prior medical condition and especially medication	
18						
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