



Guest Form

Please complete all details in **block capitals** & return to the walk leader on the day.

SECTION A: MEMBER DETAILS

First Name		Surname	
Contact		Address	
Email*			
Emerg. name		Emerg. contact	

SECTION B: MEDICAL INFORMATION

Please detail below any important medical information that our walk leaders should be aware of (e.g. epilepsy, asthma, diabetes, allergies, etc.) Please do not leave blank – if there is no information please write 'None'.

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** I consent to my special category personal data provided in section B to be shared with leaders for the purposes of the delivery of my safe participation in club activity. This data will not be shared or processed for any other purpose.*

SECTION C: PHOTOGRAPHY & VIDEO CONSENT (AGED 18 OR OVER)

I am aware that my photograph or video image may be taken whilst attending or participating in Club walks or activities connected with the Club and by signing here I consent it being used by the Club for items like programmes, newsletters, event reports or on the Club website or social media channels.

SECTION E: Disclaimer

I wish to participate on this walk organised by Bluestack Ramblers Walking Club. I wish to state that I have suitable clothing and equipment. I declare that I am fit and that I do not have any health issues that would inhibit my ability to complete the walk safely. Bluestack Ramblers Walking Club recognises that hill walking, climbing and rambling are activities with a danger of personal injury or death. By signing here I accept these risks and take responsibility for my own actions and involvement.

Date		Signature	
Print Name			