**NEW WALKER REGISTRATION FORM**

**Walk Name ……………………………………………. Date ……………………………………………………**

**Please provide all of the following information:-**

**Name ……………………………………………………….. Tel No ………………………………………………**

**Email ……………………………………………………………………………………………………………………………….**

**Address ……………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………..**

**Town ……………………………………………………………………………………………………………………..**

**County ………………………………………………………… Postcode ..…………………………………………**

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| **Healthy Walks are provided free of charge by Community First Wessex (CFW) All our walks are led by trained volunteers.** |  |
| **Please tick here to confirm that you are walking at your own risk** | **🞏** |
| **Please tick this box to give permission for your personal information to be used by CFW staff and volunteers in the administration and organisation of the walks. (Please note that this is a requirement of joining the scheme).** | **🞏** |

**Community First Wessex reserves the right to turn away anyone they believe to be unable to complete a walk.**