**Health Walks Register**

**As a participant on today’s walk please ensure that you have read and understood the Health Walk Agreement Statement. Your signature indicates you are happy to walk under this agreement.**

|  |  |
| --- | --- |
| **Date of walk:** | **Walk Leader (1):** |
| **Time of walk:** | **Walk Leader (2):** |
| **Location of walk:** | **Walk Leader (3):** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Walker Name/Signature** | **Email Address (if new)** | **Contact Number** | **Returned Safely** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

By sharing your details you are agreeing the terms and conditions of the Chest Heart & Stroke Scotland privacy policy. https://chss.org.uk/privacy-policy