**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.**

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

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