

PERSONAL RISK ASSESSMENT & CONSENT FORM

ACTIVITIES BY BRYN WALKING

Type of activity:

Venue for activity:

Date(s) of activity:

PARTICIPANT INFORMATION

Surname																				
First name(s)																				
Date of Birth:											Age:									
Telephone:	Landline:										Mobile:									
Email Address:																				
Address																				
	Postcode:																			

MEDICAL INFORMATION

Do you have any medical conditions or disability of which we should be aware? YES/NO - <i>If yes please give details:</i>
Do you have any allergies or intolerances? YES/NO - <i>If yes please give details:</i>
Please detail any other information that may be relevant to your participation in this activity:

N.B If you have any doubts or concerns about your ability to participate, please consult your activity leader and/or doctor.

SAFETY & RISK DECLARATION

Please complete all sections:-	YES
I understand that the activities I may participate in might expose me to some hazards and involve the risk of property damage and loss and even personal injury, illness or death.	
Bryn Walking accepts liability for death or personal injury if due to its negligence, but cannot be held liable for your own actions, or those of a third party.	
I do not have any relevant medical conditions or illnesses other than those disclosed above.	
I have read the relevant Terms and Conditions of my booking and agree with these.	
I am physically able to undertake the activity for which I submitted a Booking Form from www.brynwalking.co.uk and fully understand the course syllabus and other requirements for the course.	

EMERGENCY CONTACT DETAILS

Name:		
Address:		
Telephone:	Landline:	Postcode: Mobile:
Relationship to you:		

GDPR 2018

Please tick here if you **give** consent for us to use your contact information to send you details of future activities.

Please tick here if you **give** consent for us to use photographic images of you on our media sites.

I am over the age of 18 and confirm that all the information supplied herein is correct.

Name :		Signature :
Date :		

Covid -19 prevention of spreading

Self declaration for Bryn Walking participants

Required to be submitted by every participant of an activity provided by Bryn walking or Bryn Walking for Women.

To help prevent the spread of COVID-19 and reduce the potential risk of exposure, we are conducting a simple screening declaration form (“Declaration”). Your participation is important and required to help us take precautionary measures to protect you and all participants.

I have not, within the last 14 days;

- Tested positive or am presumptively positive with the Coronavirus or been identified as a potential carrier.
- Experienced any symptoms commonly associated with the Coronavirus.
- Been in any location designated as a risk by the Government or Public Health England/Wales.
- Been in direct contact with or in the immediate vicinity of any person been identified as a carrier or potential carrier of the Coronavirus.

If you have answered ‘yes’ to any of the above, you will not be able to participate in a Bryn Walking activity.

I will consent to having my temperature taken by a member of Bryn Walking staff prior to the activity only if necessary.

The results of this test might mean you not being able to participate further.

I acknowledge and accept that this declaration will be considered as my consent to record and store this declaration for the purpose of ensuring the safety of all persons that may encounter me during my participation with the activity.

It will be retained in hard copy format at the point of collection and will only be accessed by authorised Bryn walking Staff. Bryn Walking will only retain this information as long as it remains relevant for tracing purposes and for a maximum of six months.

Name of participant (print).....

Address

.....

Tel. No.....

Signature of participant.....

Date