

Name: _____ Year of birth: _____

Address: _____

Email: _____ Phone number (preferably mobile): _____

If you answer 'yes' you may need your doctor's consent before you participate in Nordic walking.

- 1 Has a doctor ever said that you have a heart condition or high blood pressure? Yes / No
- 2 Do you have chest pain at rest or brought on by physical activity? Yes / No
- 3 Do you lose balance because of dizziness or have you lost consciousness in the last 12 months? Yes / No
- 4 Do you have a bone or joint problem that could be made worse by physical activity? Yes / No
- 5 Are you currently taking or needing access to any medication or treatment that you need to carry with you on a walk? (eg sugary drinks for diabetes, inhalers, EpiPens) & are you allergic to anything medical staff would need to know about eg painkillers? Yes / No
- 6 Has your doctor ever said that you should only do medically supervised activity? Yes / No
- 7 Have you been diagnosed with a long term medical condition or allergy that might affect your ability to exercise? Yes / No

If you answered 'yes' to anything, please give details below or overleaf:

<u>In case of emergency, please contact:</u>
Name: _____ Relationship to you: _____ Phone number: _____
<u>Photographs:</u> I give permission to my instructor and British Nordic Walking to use photographs taken of me in publications, advertisements, exhibitions and the internet to illustrate their work and to promote Nordic Walking. This includes use on social media. Due to the nature of the internet, photographs may be shared across numerous channels. I agree to these conditions: Yes / No
<u>Data Protection:</u> This information will be stored securely by the instructor and will not be given to anyone else, except the group's walk leaders (and if necessary emergency personnel) on a 'Need to know' basis'. You must notify the instructor of any changes in your personal data. We will sometimes use your email address and/or your mobile telephone to keep you updated about the group's activities. I agree to these conditions: Yes / No

PARTICIPANT'S RESPONSIBILITY STATEMENT I realise that my body's reaction to exercise is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform the instructor immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times. I accept that I am participating AT MY OWN RISK and take full responsibility for my level of preparedness, fitness, health and safety. My signature below confirms these statements and the fact that I have been given access to the Constitution and the Rules and Guidelines of this group. I understand that I am expected to read and comply with these documents and it is my responsibility to do so and be familiar with the rules and safety guidance before attending.

Signed: _____ Date: _____