



Skyline Walkers Inc.

## Casual Walkers Indemnity

Name: .....

Address: .....

Phone: ..... Mobile: .....

E-mail: .....

Emergency contact name and number: .....

### **Indemnity:**

There is no medical reason why I should not participate in walks, and it is within my capability.

I am carrying food, water and equipment appropriate for the walk.

I understand all safety precautions will be observed, but, I agree to accept FULL responsibility for any loss or damage to personal property, or injury which may be sustained while taking part in the walks.

I will advise the walk leader of any concerns I am having.

I will comply with all reasonable instructions of the club officers and the walk leader.

Skyline Walkers Inc. reserves the right to arrange alternative transport should it be deemed that a participant should not be able to continue at any time throughout the walk.

**Signed:** ..... **Date:** .....