



Parental Consent Form

The Wokingham Walk

I being the parent/guardian of _____

have read the information contained in this notice and hereby consent to my child taking part in The Wokingham Walk and understand and agree that my son/daughter participates entirely at his/her own risk.

I have considered the nature of this event and have discussed it with my son/daughter.

I also understand and agree that any child under the age of 16 will be accompanied at all times by the undersigned parent or guardian during the event.

Signed

(Parent/Guardian): _____ Date: _____

PARTICIPANT'S DETAILS:

Name: _____

EMERGENCY CONTACT DETAILS:

Name: _____

Relationship to

Participant: _____

Contact Tel (inc. area code): _____

MEDICAL INFORMATION: (e.g. Asthma)

Please make a note below of any medical conditions you feel we need to know about.

If you have any concerns about your child participating in any form of physical activity then please consult your GP before giving permission for your child to take part in The Wokingham Walk.
