



Knox Street Orienteering Walkers

Walker Registration

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Mobile Telephone: _____

Email: _____

Postal address: _____

How did you hear about Knox SOW? _____

IMPORTANT INFORMATION – PLEASE READ

By signing this form, I agree to the following:

- Walker Terms and Conditions:** I accept sole responsibility for all risks and liabilities that may arise from my participation in the walk. I release the Walk Organiser from claims, liability, demands and proceedings arising from or in relation to any loss, damage, expense or personal injury which may be sustained by me as a result of or in connection with the walk.
- Privacy:** I agree that my personal information, above, is being collected by the Walk Organiser to facilitate services requested by me and to keep me informed about Knox SOW activities.

I understand that this information will not be provided by the Walk Organiser to third parties and that only my first name will be used in any Knox SOW publicity.

My photograph or a video of me in a group may be used to promote Knox SOW.

Yes No

Signature: _____

Signature: _____

Date: _____

Please email this form or hand it to the Walk Organiser at your first walk. david@knoxsow.fun

www.knoxsow.fun