**Heart Beat Walkers and Talkers Registration**

**Your Details**

**Full name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:\_\_\_\_\_ Date of Birth**: / /

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone** : (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact / Name and Phone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Details**:

If you plan to commence any new physical activity, we suggest you **check with your doctor** before you participate in a walking group.

Please take the following questions into consideration **before** you commence participation in this walking group:

* Has your doctor ever stated that you have a **heart condition** and should only do physical activity recommended by a doctor?
* Have you ever experienced **pain in your chest** whilst doing physical activity?
* Do you lose your balance because of **dizziness** or do you ever lose consciousness?
* Do you have a **bone or joint problem** that could become worse by a change in your physical activity?
* Are you currently taking **medication for blood pressure or heart?**
* Do you know of any other reason why you should not do physical activity?

If any of the above medical issues apply please consult with your doctor **BEFORE** you commence participating in the walking group.

If you are satisfied that you are physically fit to participate in a walking group, we recommend that you **start slowly and gradually build up** your level of physical activity. Common sense is your best guide.

You should delay becoming much more active if you are suffering from a cold or a fever or other temporary illness, until you feel better.

**Terms & Conditions:**

1. I agree to participate in this walking group **at my own risk.**
2. If I am aware of any medical condition which may be affected by the physical activity of this walking group, or if any of the medical issues referred to under Medical Details section apply, then I will **check with my doctor** first before participating in this program.
3. I understand the persons organising this walking group **are not responsible** for any loss, damage, expense or personal injury which may be sustained by me by any reason of any neglect ,omission, or failure on the part of walking group organiser, or any other persons as a result of my participation in the activities of this walking group.

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Please forward to email: heather@letsflourish.com.au or bring with you to your first walk.