fitstepshealthwalks

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WALK REGISTER

Walk location	**Accident Report (short form)**
Date of walk	**Name**
Time	**Time**
Walk leader	**Place**
Rear marker	**Description**
Buddy	**Action taken**
Walk leader's time	**Action by HP**
Rear marker's time	**Diagnosis**
Walk report	**Risk alert**

NB: When contacting emergency services e.g. ambulance, Volunteer Walks Leaders (VWLs) should, if possible, supply post codes (see route risk assessments), map references, names of roads and landmarks or arrange suitable meeting points from which to lead the paramedics to the site of the accident. **Public Liability Insurance cover is available to all WHI trained VWLs, providing the routes are risk assessed and walkers complete the Walk Register and Outdoor Health Questionnaire.**

Name	Name	Health Change	Special Needs	Phone No	Mobile No

NB: Under the terms of our Public Liability Insurance you should advise us of any significant health changes or any special requirements you may have when attending our walks. We would also appreciate if you can include your telephone or mobile number, in case we need to contact you about changes/additions to any of our forthcoming walks/events. **(please enter once only and update as necessary).**