# Application Form and DeclarationRoom to Breathe Group

Although we shall endeavour to lead this event with all due care and safety, we need participants to be responsible for their own physical well-being. Please sign this declaration and return **it to Chris Powell at least 3 days before the walk**.

PLEASE USE BLOCK CAPITALS AND COMPLETE ALL SECTIONS.

I understand that I am going to undertake a physical activity in the open-air, and that such activities are potentially hazardous. I understand that I am responsible for my own physical well-being and safety, and will behave in a manner to ensure my own and others’ safety. I declare that I am not aware of having any physical illness or disability that would prevent me from hill-walking safely. I am sufficiently physically fit to walk for 8 miles in hill country and spend the day on the hills in poor weather conditions.

|  |  |
| --- | --- |
| **Signed (digital or on day)** |  |
| **Date** |  |
| **Print name** |  |
| **Address** |  |
| **Email address** |  |
| **Home phone number** |  |
| **Mobile phone number** |  |

## Person to contact in case of emergency

|  |  |
| --- | --- |
| Name |  |
| Mobile phone number |  |
| Home phone number |  |
| Work phone number |  |

**Please return** to Chris Powell, 1 Hilton Place, Harehills, Leeds, LS8 4HE at least 3 **days** before the walk and we shall send you for details to make payment by bank transfer.

Please contact Chris if you have any queries about the form, the payment or the walk.