

# Heritage Walk Participant Consent Form

## Participant Information

Full Name

Email Address

Contact Number

Date of Walk

## Consent

- ☐ I confirm I am physically fit to participate in the Heritage Walk.
- ☐ I understand and accept the risks associated with participation.
- ☐ I consent to photographs or videos being taken during the walk for documentation or promotional use.

Date

Participant Signature

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If participant is under 18, parent/guardian's consent is required

Parent/Guardian Name

Date

Parent/Guardian Signature

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