Walker registration form

Mayfair runs a graded programme of Health Walks throughout the week. These walks vary in length and difficulty from short, gentle walks to more challenging walks.

To take part, please provide the following information:

Name:

Address:

Postcode:

Email:

Phone:

How your information is used

For full information about how Mayfair uses your information, please read our Privacy Policy, available at **www.mayfaircentre.org.uk/privacy-policy/**

Mayfair would like to contact you to tell you more about our work, including what's on, upcoming events and general Mayfair news.

I am happy to receive emails from Mayfair yes ☐ no ☐

Mayfair Health Walks will use the information you provide to administer, evaluate and improve the service and provide evidence of its effectiveness to potential funding bodies. Summary information will also be used to further its work on safeguarding and promoting the use of physical activity to improve the health of our community.

I am happy for Mayfair to use my information in this way yes ☐ no ☐

I understand that I take part in Mayfair's Health Walks at my own risk and will seek medical advice if appropriate. ☐

Signed _____ Date _____

You have the right to change your mind about any of the things you have consented to on this form. If you wish to change any of your consents please contact us.

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