

Siul Eile

Walking with Friends
STEP IN. SURPRISE YOURSELF.



Siul Eile HQ, Clogheen, Co.Tipperary | email:info@siuleile.com | mob:087-2268651 | www.siuleile.com

Name _____

Address _____

Mobile No. _____ WhatsApp on phone. Yes/No

ICE No. (In Case of Emergency) _____

Age 16-24 25-34 35-44 45-54 55-64 65-74 75+

1. Has a doctor ever said you have a heart condition? Yes No
2. Do you feel pain in your chest when you do physical activity? Yes NO
3. Do you ever lose balance because of dizziness or ever lose consciousness? Yes No
4. In the past month, have you had pain in your chest when you were not doing physical activity? Yes No
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes No
6. Do you know of any reason why you should not do physical activity?
 Yes No

I understand that by answering yes to any of the above questions that I should consult my G.P. before taking part in this walk or walking program.

I agree to tell the walk leader if there is any change in my medical condition.

I understand to wear appropriate clothing and footwear.

I understand that I walk at my own risk.

Signed _____

Date _____