

Sligo Mountaineering Club

Guest Details Form

To be filled in by all non-member walkers.

Name: _____

Address _____

Emergency Contact Number: _____

Mobile Number: _____

Car Registration Number: _____

Club Name (if applicable): _____

Information

I wish to participate at my own risk in walks organised by The Sligo Mountaineering Club. I understand that in the course of these walks I could suffer an accident with consequent personal injury and possible loss and damage to my property. I am fully aware of this risk and I accept the same. I declare that I have suitable clothing and equipment and I acknowledge that I am responsible for myself on the walk at all times. I declare that I am fit and do not suffer from any relevant disability.

I disclaim and discharge The Sligo Mountaineering Club and the Land Owners or Occupiers of lands that the walk traverses, from all liability in respect of any injury to my person or to all loss or damage to my property, caused before, during or 24 hours after the walk.

Dated this _____ day of _____ 20_____

Signature: _____

Name in Print: _____