

Walk: Date: / /

Walk Leader: Walk co-ordinator:

ATTENDANCE RECORD

Warning: Disclaimer: In signing this walk attendance record I freely acknowledge that I participate voluntarily and at my own risk in activities conducted by ACT Walking for Pleasure Incorporated. I understand and agree that ACT Walking for Pleasure Incorporated, its office bearers, leaders and agents accept no liability arising from any injury, damage or loss suffered by any person while engaged in an activity conducted for or by ACT Walking for Pleasure Incorporated. **ARE YOU A FINANCIAL MEMBER? Y / N**

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