

Please PRINT YOUR NAME: _____



WOMEN'S PROBUS CLUB OF CAMBRIDGE RIVERSIDE
REGISTRATION FORM FOR OUTINGS AND / OR TOURS

PARTICIPANT'S DECLARATION

I hereby apply to participate in an outing / tour and in so doing agree that while participating:

- I understand that I am the person who is fully responsible for the state of my health and undertake to do all that is necessary so as not to place other participants under stress or duress or to put them in danger because of the state of my health or my behaviour.
- I declare that to the best of my knowledge I am fit enough to undertake outings / tours and agree to advise the Travel Committee immediately should my state of health change.
- I declare that I will only participate in activities where I am physically capable.
- In the case of any accident, illness or emergency while on an outing / tour, please contact:

Name: _____ Relationship: _____

Telephone: _____ Cell: _____

Address: _____

City _____ / Postal code _____

Privacy Statement: Information provided shall be kept private and confidential within the confines of the Women's Probus Club of Cambridge Riverside.

Signed: _____ Dated: _____