



Somerset Health Commitment Statement (HCS)

Your health is your responsibility. Our organisation is dedicated to helping you take every opportunity to enjoy the activities that we offer. With this in mind, we have carefully considered what we can reasonably expect of each other. Please see the appropriate privacy policy on the organising bodies website.

Our commitment to you.

1. We will respect your personal decisions and allow you to make your own decisions about which walks you can carry out. However, we ask you not to exercise beyond what you consider to be your own abilities.
2. All of our walks are risk assessed and are in as safe a condition as is possible for you to use and enjoy.
3. All of our walk leaders are fully trained to lead or back mark the walk.
4. If you tell us that you have a disability which puts you at a substantial disadvantage in accessing our walks, we will consider what adjustments, if any, are reasonable for us to make.

Your commitment to us.

1. You should not exercise beyond your own abilities. If you know or are concerned that you have a medical condition which might interfere with you exercising safely, before you access our activities, you should get advice from a relevant health professional and follow that advice.
2. You should make yourself aware of any rules and instructions, including warning notices. Exercise carries its own risks. You should not carry out any activities which you have been told are not suitable for you.
3. You should let us know immediately if you feel ill when taking part in our activities. Our leaders are not qualified doctors and are not required to have first aid training.
4. If you have a disability, you must follow any reasonable instructions to allow you to exercise safely.

Please tick here to confirm you understand you take part at your own risk and will seek medical advice if appropriate, such as if you have been shielding.

Walk Area:		Walk Leader:	
Name:		Email:	
Age:		Phone Number:	
Gender:		Emergency Contact Number:	
Postcode:		Emergency Contact:	
Date:		Signature:	