

# Galtee Walking Club

## Sign-in Sheet

Facilitator's Name ..... Date ..... Walk: .....

Walkers shall be aware that there is a danger of personal injury or death and accept these risks and agree to be responsible for their own actions and involvement.

3 Questions for each walker

Have you travelled outside of Ireland in the past 14 days?

Have you had any of the symptoms of Covid-19 in the past 14 days?

Have you been in contact with anyone who has Covid-19 in the past 14 days?

All details must be filled in by the walk facilitator.

	<b>NAME</b>	<b>MOBILE NO.</b>	Covid-19 Declaration	Member
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				
<b>15</b>				

Please take a photo of the completed sheet and send it by text or WhatsApp to Aidan Dilworth on 087 7910409.

Retain the completed sheet for future reference.