



Guided Surf Coast Walk

Walk date:

Guest name:

Guest mobile phone number:

Guest address:

Emergency contact name:

Emergency contact phone number:

I have no existing medical conditions that will impede my ability to complete the walk such as a heart condition

I agree to allow the Great Ocean Road Coast Committee to utilise or reproduce photographs or footage taken during the Guided Surf Coast Walk of the undersigned for promotional purposes, including online, and for the name of the undersigned to be published alongside these photographs/footage in Great Ocean Road Coast Committee publications.

Please list here any allergies or medical conditions we should be aware of eg. Asthma

Signed _____