



## Participant application & agreement

Thank you for your interest in the Walk and Talk program commencing 9 February 2008. Before you sign up, both you and the program provider need to be sure this is a suitable program for you.

By now you probably have a reasonable idea of what Walk and Talk is all about. The purpose of this document is to flesh out your understanding of the program, ensure you meet a few eligibility criteria and that you take full responsibility for your personal welfare in relation to your participation in the program.

Below you will find:

1. A program outline
2. A checklist of criteria for you to tick off
3. Space for your registration details
4. Some legalese that requires your signature

Please return your completed form by post to:

Walk and Talk Program  
Narratives  
PO Box 336  
Randwick NSW 2031

Note: Only forms with signatures will be accepted. Don't forget to keep a copy for yourself.

### 1. Program outline

Walk and Talk brings people together in psychoeducational groups to develop tools for living a vital and connected life. It is a group program that combines communication and exercise to promote well-being of mind and body. It aims to build community and improve mental and physical health at the same time.

The program helps participants to develop and practise interpersonal and communication skills that create healing conversations. Participants practise these skills within the group sessions and apply them while walking with their Walk and Talk buddies (other group members). The group meets weekly for eight weeks and members are encouraged to Walk and Talk between sessions.

#### After the eight week program you will:

- Understand and apply active listening skills.
- Know how to own your feelings in response to others.
- Be proficient at giving structured feedback which is concrete, observable and empathic.
- Know how to give empathic responses rather than advice.
- Apply Walk and Talk skills with people outside the group.
- Have formed new exercise habits and a network of buddies.

**Term 1 (Pilot): February 9 –April 5, 2008**

10.30am – 12.30pm Saturdays (no meeting on Easter weekend March 22)

**Format**

10.30-11.30am: **Talk** @ Randwick Literary Institute 60 Clovelly Road Randwick

11.30am-12.30pm: **Walk** @ Centennial Park

**Cost: \$300** payable by  cheque or  direct deposit to Narratives **before** the program begins. Please indicate preferred method of payment. (A tax invoice will be issued)

**2. Checklist: am I eligible to join?**

To join this group, you need to:

- Be over 18 years of age
- Take full responsibility for your personal welfare
- Have a reasonable level of fitness i.e. capacity to walk briskly for one hour without risk to health
- Be under the care of a health professional if your mental or physical health may be impacted by your participation in the group or if you have any concerns about your wellbeing
- Commit to weekly group meetings and attend every week for eight weeks
- Turn up on time
- Be willing to be contacted by group members between sessions
- Respect the wishes of other group members regarding confidentiality

**3. Sign up**

Yes! I have ticked the appropriate boxes and hereby certify that I meet the criteria outlined above. I am mentally and physically fit to participate in an eight-week communication skills and walking program. I assume full responsibility for my personal safety and welfare and indemnify the facilitator against any and all claims of liability.

Name: \_\_\_\_\_ Sex:  Female  Male Age: \_\_\_\_\_

Address: ----- \_\_\_\_\_

Phone number (BH): - \_\_\_\_\_ (AH): \_\_\_\_\_

Next of kin (person to contact in emergency): \_\_\_\_\_

Relation to you: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Once you've filled in your personal details, please read and sign the acknowledgement on the final page.**

## 4. Legalese

### ACKNOWLEDGEMENT, ASSUMPTION OF RISK, CONSENT, WAIVER AND INDEMNITY

WHEREAS I \_\_\_\_\_  
(insert full names)

will be participating in a Walk and Talk program organised and conducted by Narratives ABN 36 872 621 465, together with its owners, shareholders, directors, members, employees or other persons contracted to them (hereafter collectively referred to as the "Providers")

AND WHEREAS I am prepared to give certain warranties, indemnities and consents and make certain acknowledgements relating to my participation in the program.

AND WHERE it is a condition of my participation in the program that the said warranties, indemnities, acknowledgements and consents be recorded in writing and signed by myself.

NOW THEREFORE I record the following:

1. I warrant that I am 18 years of age or older.
2. I acknowledge that I am aware that the activities organised and conducted by the Providers in which I will be participating during the program (the activities) can result in personal injury.
3. I confirm that I fully appreciate the nature of the risks that I will be exposed to whilst participating in the activities.
4. I hereby voluntarily assume all risks which are associated with the activities and consent to the risk of any harm which may befall me whilst participating in such activities including bodily injury and death.
5. I agree that I shall have no claim of whatsoever nature against the Providers for my death, or any injury, harm, or loss of whatsoever nature which I may suffer whilst participating in the activities even if such death, injury, harm, or loss is caused by the negligence of any of the Providers.
6. I accordingly indemnify the Providers against claims relating to my death, or any injury, harm or loss I may suffer whilst participating in, or as a result of the activities, and waive any claim I might have against them.
7. In addition to the exemption from liability detailed above I further agree that none of the Providers shall be liable to me for my death, or any injury, harm, or loss of whatsoever nature suffered by me at any time during the program, or thereafter, (and not only whilst participating in the activities) arising from any cause whatsoever including but not limited to illness, accident, theft, loss, injury or death. This exemption from liability shall apply even where the death, injury, harm or loss referred to above is caused by the negligence of any of the Providers.
8. I confirm that this acknowledgement, assumption of risk, waiver, consent and indemnity shall be binding on my estate, heirs, executors and assigns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you. Now you're ready to submit your form.