SxARG Event:	
Location:	
Date:	

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	AMPHIBIAN EXREPTILE	
	GROUP OF A	
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Name	Completed ARG UK volunteer working agreement (please tick)	I have read the Risk Assessment for this event.	Emergency Contact name and telephone number	Special medical needs etc

Event Leader:

Name	Completed ARG UK volunteer working agreement (please tick)	I have read the Risk Assessment for this event.	Emergency Contact name and telephone number	Special medical needs etc