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| --- | --- | --- | --- |
| Name | Email | Phone  | Emergency name and contact |
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I ………………………………………………………… (Lead Volunteer) confirm that the above persons attended this event and, to the best of my knowledge, no injuries nor incidents occurred. The above persons have all received a Health and Safety briefing prior to the event commencing.

Signed Date

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The information you provide will be processed for health and safety and claims management, the information may be shared with the Council’s insurers in this respect.