



Bushwalking Victoria
PO Box 1007
TEMPLESTOWE VIC 3106

Essendon Bushwalking Club Inc.
P.O Box 32
MOONEE PONDS VIC 3039

Bushwalking Victoria and Essendon Bushwalking Club Inc.

Acknowledgement of Risks and Obligations by Temporary Members

In voluntarily participating inWalk with the
(insert name of walk or activity)

Essendon Bushwalking Club on/...../20___, I am aware that my participation in this activity, which has been described by the leader, may expose me to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. Those risks include, but are not limited to, slippery and/or uneven rocks, rocks being dislodged, cliffs, exposure to weather and white out conditions, falling and hypothermia.

To minimize risks, I will endeavour to ensure that:

1. This activity is within my capabilities; and
2. I am carrying food, water and equipment appropriate for the activity.

In addition:

1. I will advise the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity;
2. I will make every effort to remain with the rest of the party during the activity;
3. I will advise the leader of any concerns I am having; and
4. I will comply with all reasonable instructions of the leader of the activity and club officers.

I have read and understand these requirements. I have considered the risks before choosing to sign this acknowledgement of risk. I still wish to join this activity. I accept that in signing this form I will take responsibility for my own actions and acknowledge that I have been granted temporary membership of Essendon Bushwalking Club for the duration of this event only.

(Print Name)

Signed (Temporary Member)

Date

Signed (Activity Leader)

(Activity Leader to return completed form to **Secretary** along with Walk Registration form)

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Prospective/Visiting member details

Name: _____
Address: _____
_____ **Postcode:** _____
Home Phone: _____ **Work Phone:** _____
Email: _____

Next of Kin: *(For use in emergency situations only)*

Name: _____
Address: _____
_____ **Postcode:** _____
Home Phone: _____ **Work Phone:** _____
Mobile Phone: _____

Health Conditions of which leaders should be aware of (e.g. Diabetes, Heart Condition).

