



Essendon Bushwalking Club Inc. A0005559B

ACTIVITY BOOKING SHEET

Event Type: _____

Event Name: _____

Leader: _____

Time and Date: _____

ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF TEMPORARY MEMBERS AND MEMBERS PARTICIPATING IN CLUB ACTIVITIES.

In voluntarily participating in an activity of this Club, I am aware that my participation in this activity may expose me to 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 being dislodged, cliffs, exposure to weather and white out conditions, falling and hypothermia. To minimise these risks, I have endeavoured to ensure that:

- (1) This activity is within my capabilities.
- (2) I am carrying food, water and equipment appropriate for the activity.
- (3) I have advised the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity.

I will make every effort to remain with the rest of the party during the activity and accept the instructions of the leader of the activity. 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.

I have read and understood the acknowledgement of risk and obligations.

	Name	Contact Phone No. <i>(Mobile Preferred)</i>	Emerg. Contact No. <i>(Not on Same Event)</i>	Meeting at:	Driver (D/P)	Memb. or Temp.	Temp. Walk No.	Temp. Fee Y/N
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Emergency Call 000

	Name	Contact Phone No. (Mobile Preferred)	Emerg. Contact No. (Not on Same Event)	Meeting at:	Driver (D/P)	Memb. or Temp.	Temp. Walk No.	Temp. Fee Y/N
13								
14								
15								
16								
17								
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20								
21								
22								
23								
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Leaders to Complete the Section Below for Club Records

Total Fees: \$	Receipt No for Visitors	Date Fees Handed to Treasurer	____/____/____	Treasurer's Signature:	
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Comments on Activity:

Injuries (Yes/No) – if yes, provide details on an Incident Report Form:

Leader's Signature:	Date:	____/____/____	Secretary's Signature:	Date:	____/____/____
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*Leaders, please present this booking sheet to the Treasurer with any visitors' fees for forwarding to the club Secretary for the Club's records.
(Booking Sheet amended 14/10/2020)*