



**Essendon Bushwalking Club Inc.  
(A0005559B)  
Application for Membership**

Name: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (required for insurance purposes)

**Please tick box if you would prefer Hard Copies of Old Man Emu & Program**   
(Note: All members with an email address will also receive these by email)

**Have you ever received formal first aid training?** (circle) Yes No  
**Is your first aid training still current?** (circle) Yes No

**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). Please refer to the Club Secretary if unsure of what should be included here.

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**To assist us with catering for you at meetings and events, could you let us know of any food allergies/intolerances before you come to any meeting/event. Please contact the Secretary ([secretary@essendonbwc.org.au](mailto:secretary@essendonbwc.org.au))**

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I, the abovenamed applicant, desire to become a full member of the Essendon Bushwalking Club Incorporated. In the event of my admission as a member of the Essendon Bushwalking Club Inc. (EBWC), I agree to this release of claims, waiver of liability and assumption of risk. I waive any claims I may now and in the future have against and release from liability and agree not to sue the EBWC, its Committee and leaders for any personal injury, death, property damage, or loss sustained by me as a result of my participation of any EBWC event, due to any cause whatsoever, including without limitation, negligence on part of the EBWC or its leaders. I agree to be bound by the rules of the Club for the time being in force. PTO

In support of this application, I submit details of walks I have participated in as follows:-

**Membership Requirements**

1. Complete to the satisfaction of the Committee three day walks, each of qualifying standard, or two club program weekend walks necessitating camping out. All Club walks shall be qualifying, except those marked non-qualifying on the program.
2. Pay the prescribed membership fee.
3. Be over the age of eighteen years.

Date Attended	Day or Weekend	Location	Leaders Signature

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Proposer and Seconder Details**

I, \_\_\_\_\_ being a member of the club of at least six months standing, nominate the applicant, who is personally know to me for membership of this club.

\_\_\_\_\_  
Signature of Proposer:

\_\_\_\_\_  
Date

I, \_\_\_\_\_ being a member of the club of at least six months standing, nominate the applicant, who is personally know to me for membership of this club.

\_\_\_\_\_  
Signature of Seconder:

\_\_\_\_\_  
Date

Office Use Only			
Committee Date	Application moved by	Seconded by	Result
Date Fees Received (Treasurer)	Date provided with initial membership pack	Date entered into records (Secretary)	Date application filed in club records (Secretary)

Essendon Bushwalking Club Inc., PO Box 32 Moonee Ponds, Vic. 3039.  
Club contact: Anna Denham - Tel. 9379 9483

**Essendon Bushwalking Club Inc  
A0005559B**

**Acknowledgement of Risk\***

I, \_\_\_\_\_, understand that by voluntarily participating in Essendon Bushwalking Club Inc. activities I may be exposed to risks that could lead to injury, illness, death or loss of or damage to my property. These risks include but are not limited to, snake or insect bite, traversing rough ground, loose stones or rocks, scrub, fallen logs or other obstacles, slippery surfaces and creek crossings, encountering weather conditions that could lead to hypothermia and being in locations where evacuation for medical treatment may take hours or days. In particular when participating in abseiling or above the snowline activities I am aware that these activities expose me to additional hazards and risks.

To minimise these risks I will endeavour to ensure that:

1. Activities in which I participate are within my capabilities.
2. I will carry food, water and equipment appropriate for the activity.
3. I will advise the Activity Leader of any medication or any physical or other limitation that might adversely affect my participation in the activity.
4. I will make every effort to remain with the rest of the party during the activity.
5. I will advise the Leader of any concerns I am having during the activity.
6. I will comply with all reasonable instructions of Club Officers and the Activity Leader.

I have read and understand the above requirements and have considered the risks before choosing to sign this Acknowledgement of Risk. I still wish to participate in club activities and accept that in signing this application I will take responsibility for my own actions. I also acknowledge that signing this form will be deemed as full acceptance and understanding of the above conditions

**DATE:** \_\_\_/\_\_\_/\_\_\_

**SIGNATURE:** \_\_\_\_\_

\* To be completed by prospective members with their Application for Membership.