

# ESSENDON BUSHWALKING CLUB SUBSCRIPTION RENEWAL 2019-20

EBWC subscriptions are due for renewal on or before **WEDNESDAY, 12 JUNE 2019** at the Annual General Meeting (AGM). The subscription is **\$40 for full members/ \$20 for junior members.** (*Note: Members requiring a hard copy posted to their home address should add an extra \$5 to the subscription fee to cover the cost of postage.*) *The \$5 fee will not be payable if OME/Program are collected personally at meetings or received by email.*

If your membership isn't paid by **Wednesday 14 August 2019** (two months after the AGM) you **CEASE TO BE A MEMBER** and won't be able to receive copies of Old Man Emu (OME) or the Walks Programs. *NOTE: Early subscriptions can be paid if people are going to be away at the time of renewal.*

Payment can be made:

- by direct payment to:  
**Essendon Bushwalking Club Inc.,**  
BSB: **083 144**, Account No., **177923003** (*quote your NAME as reference*).  
*Send a copy of your completed Subscription Renewal form to: [annadenham@yahoo.com](mailto:annadenham@yahoo.com)*
- in person at the monthly club meeting (*with completed Subscription Renewal form*); or
- by mail to: **Membership Officer, EBWC, P.O Box 32, Moonee Ponds, Vic, 3039** (cheques made payable to Essendon Bushwalking Club Inc. and marked not negotiable – *with completed Subscription Renewal form*).

Name: .....

Address: ..... Postcode: .....

Home: ..... Mobile: ..... Business: .....

Email: .....

**Emergency Contact Name:** ..... **Mobile/Home No:** .....

**Please mark this box if you prefer hard copies of Old Man Emu/the Program to be collected at a Club meeting:**

**Please mark this box if you prefer hard copies of Old Man Emu/the Program to be posted:**

(*Note: All members with an email address will also receive these by email*)

Have you ever received formal first aid training? Yes  No

Is your first aid training still current? Yes  No

### **MEDICAL CONDITION/S**

**As a participant on a walk, you have a duty of care to inform the Walks Leader in advance of any condition or disability that may affect your ability to participate safely in the activity.**

**EBWC RECOMMENDS ALL MEMBERS TAKE OUT AMBULANCE COVER!**

**Please read the back of this form (Acknowledgement of Risk statement)**

✂.....

This section is your official receipt. Please complete your name and include a *stamped addressed envelope* if you wish to receive a receipt in the mail. Those paying in person at the Club meeting will receive a receipt on the night.

Name: ..... Payment Received: .....

# **ESSENDON BUSHWALKING CLUB** **SUBSCRIPTION RENEWAL 2019-20**

## **Acknowledgement of Risk**

Membership subscriptions are due by 12 June 2019. This year you are not required to sign an Acknowledgement of Risk form on renewal, **however you are advised that payment of fees implies acceptance of the risks involved** in any activity you may undertake as a member of Essendon Bushwalking Club. Members are asked to read the following regarding your insurance cover, provided through Bushwalking Victoria.

*'In voluntarily participating in activities of Essendon Bushwalking Club Inc., which are described to me by the Activities Leaders, I am aware that my participation in the activities may expose me to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. I also acknowledge that I may encounter weather conditions that could lead to heat stroke, hypothermia or 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 could expose me to additional hazards and risks.*

*To minimize risks, I will endeavor to ensure that:*

- *Each activity is within my capabilities;*
- *I will carry food, water and equipment appropriate for the activity;*
- *I will advise the activity leader if I am taking medication or have any physical or other limitation that might affect my participation in the activity;*
- *I will carry the Emergency Information Form detailing any critical medical information and contact details of person(s) who can act on my behalf;*
- *I will make every effort to remain with the rest of the party during the activity;*
- *I will advise the leader of any concerns I am having; and*
- *I will comply with all reasonable instructions of club officers and the activity leader.*

I have read and understood these requirements.

I will consider the risks before joining any activity of the Club.

I acknowledge that I will take responsibility for my own actions and that payment of my subscription will be deemed as full acceptance and understanding of the above conditions.'