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| bush walking victoria |  |  |
| Bushwalking VictoriaPO Box 1007  TEMPLESTOWE VIC 3106 |  | CAEX Bushwalking Club Inc. |

**Bushwalking Victoria and CAEX Bushwalking Club Inc.**

**Acknowledgement of Risks and Obligations by Temporary Members**

In voluntarily participating in ………………………………………………………………………Walk

(insert name of walk or activity)

on ……/……/20\_\_\_, an activity of CAEX Bushwalking Club, 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 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 CAEX Bushwalking Club for the duration of this event only.

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|  | | |  |  |
| (Print Name) | | |  | Signed (Temporary Member) |
|  | | |  |  |
|  | | |  |  |
|  | Date |  | | Signed (Activity Leader) |
| (Activity Leader to return completed form to **Walks Coordinator** along with Walk Registration form) | | | | |

PTO

**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).