

|               |
|---------------|
| <b>Route:</b> |
|---------------|

**Please read carefully:** In voluntarily participating in the activity referred to on this Risk Waiver form and described to me by the Activity Leader I am aware that my participation in this Activity may expose me to risk that could lead to injury, illness or death or to loss of or damage to my property.

- Those risks may include but are not limited to slippery and/or uneven surfaces including rocks and branches, falling to the ground or ledge, rock scrambling, rocks and logs being dislodged or thrown, being hit by rocks or logs from above, falling at edges of cliffs or drops, floods, swimming and walking for prolonged periods in cold water, difficulty in swimming in aerated water at the base of falls, difficulty in climbing out of deep water onto slimy rocks, hypothermia, heat exhaustion, hyperthermia, dehydration, sunburn, muscle strains, equipment failure, rope failure including rope wear, harness not tied correctly, slipping whilst abseiling, rope too short, hair and clothing being caught in the abseil device and jamming it, anchor failure, belayer not being attentive, rope play, group being delayed and/or disorientated, scrambling over wet, slippery rocks and boulders, moving continuously on foot for prolonged periods such as 10-14 hours, carrying a pack weighing up to 20kg for the duration of the activity. The leader will take all reasonable steps to minimise these risks.
- (Leader to insert any known additional risks)

**I accept there are risks associated with this activity and confirm that:**

- I believe this activity is within my capabilities
- I have abseiling experience and/or I have completed at least a basic training course with a professional abseiling organization
- I am carrying food, water and equipment and wearing clothing and footwear appropriate for this activity
- 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 this activity
- I do not believe that my medication or limitations will prevent me from successfully completing this 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 will note any risk warnings given prior or during the trip
- I will advise the leader of any illness/injury/misadventure which may/will affect my ability to participate during the trip which requires medical attention
- I have read or heard and understand these requirements
- I have considered the risks before choosing to sign this Risk Waiver form
- I still wish to join the activity
- I agree by signing this form to waive any claim for damages arising from this activity that I may have against the club, the leader or other participants in tort or contract
- In the event of my death, this waiver will bind my estate

Your signature here means that you have read and accepted the conditions overleaf.

| No. | Name (please print) | Signature | Emergency Contact No. |
|-----|---------------------|-----------|-----------------------|
| 1   | <b>Leader:</b>      |           |                       |
| 2   | <b>Members:</b>     |           |                       |
| 3   |                     |           |                       |
| 4   |                     |           |                       |
| 5   |                     |           |                       |
| 6   |                     |           |                       |
| 7   |                     |           |                       |
| 8   |                     |           |                       |
| 9   |                     |           |                       |
| 10  |                     |           |                       |
| 11  |                     |           |                       |
| 12  |                     |           |                       |
| 13  |                     |           |                       |
| 14  |                     |           |                       |
| 15  |                     |           |                       |
| 16  |                     |           |                       |
| 17  |                     |           |                       |
| 18  |                     |           |                       |
| 19  |                     |           |                       |

**Prospective Members:**

If insufficient room, use back of this form

|   |  |  |  |
|---|--|--|--|
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

**Guests** Write the number of inviting member against name of each guest below –

|   |  |  |  |
|---|--|--|--|
| 1 |  |  |  |
| 2 |  |  |  |

**Walkers who leave the activity early.**

Write the name and time the walker left below

|   |  |   |  |
|---|--|---|--|
| 1 |  | 3 |  |
| 2 |  | 4 |  |

**Leader's Comments:** Prospective members' performance, accident reports, etc.

|  |
|--|
|  |
|  |

**Brief Note for Newsletter (Optional)**

|  |
|--|
|  |
|  |
|  |

**Search & Rescue Contacts** Bushwalkers wilderness rescue: **0427 455 897. It takes a while to connect!**  
 Keith Maxwell 9622 0049;  
 Graham Conden 0418 647 951;  
 Dick Weston 4753 1003 (h);  
 Text Emergency Call - Dial 106

Please send this walk report to **Ron Mead, 3 Ridge St, Epping 2121**  
 Or scan it and email to [eppingmead@gmail.com](mailto:eppingmead@gmail.com) (pdf preferred)