

Route:

**Please read carefully:**

In participating in this activity as a financial member of The Bush Club, I am aware that this may expose me to risks that could lead to injury, illness, death, or to loss of or damage to my property, and that the leader may not have walked this track before &, even with thorough preparation, there may be risks associated with it which have not been anticipated. To minimise these risks, I have endeavoured to ensure that this activity is within my capabilities; and that I am carrying food, water, and equipment appropriate for the activity. 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 agree that if I choose to leave this activity early, I will notify the leader and I am personally responsible for my welfare and safety.

My signature below indicates that I have read, understood, and accepted these requirements.

	<b>PROSPECTIVE MEMBERS (PRINT)</b>	Signature	Your mobile No.	Emerg'cy Contact No.	1st Aid
1					
2					
3					
4					
5					

	<b>FULL MEMBERS (PRINT)</b>	Signature	Your mobile No.	Emerg'cy Contact No.	1st Aid
1	<b>Leader:</b>				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

**Guests MUST ALSO SIGN SEPARATE WAIVER FORM**


**Walkers who leave the activity early.**

Write the name and time the walker left below

1		3	
2		4	

**Leader's Comments (Include in report email):** Prospective members' performance, very minor accidents not requiring medical attention e.g. falls, apparently minor head injuries, dehydration, navigation or other issues. Serious injuries should be reported on the Incident Report form available from the Forms section of the web site).

**Brief Note for Newsletter (Optional)** Please type this in the body of the walk report email.

**Please type names (along the line separated by a comma and space) and all comments in an email to [bushclubwebmaster@gmail.com](mailto:bushclubwebmaster@gmail.com). Send scanned report if you can't read the names.**

*Keep original for a while in case of accident. If no email, post to Jacqui Hickson 32 Bellevue St, Chatswood 2067*

**Search & Rescue Contacts**

**Bush Search and Rescue NSW 0427 455 897. It may take a while to connect!**

Graham Conden 0418 647951; Keith Maxwell 0431 262101; Lynn Dabbs 0408 214669

Text Emergency Call - Dial 106

**GUEST 1**

**The Bush Club Inc.**

ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF VISITORS

**(In order to meet the requirements of our Insurance Contract it is required that all visitors on a Club activity be asked to sign this form.)**

In voluntarily participating in this activity of the Bush Club Inc and described to me by the Activity Leader 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.

To minimise these risks I have endeavoured to ensure that:

- This activity is within my capabilities;
- I am carrying food, water and equipment appropriate for the activity;
- 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.

I have read and understand these requirements. I have considered the risks before signing this Risk Waiver. I still wish to join this activity. I accept that in signing this form I am waiving my rights to sue the leader, the Club and other participants. I agree that any contract arising from my participation will exclude any liability arising from the supply of goods and services by the club leader.

Print Name..... Member who invited you.....

Signed..... Date...../...../20....

**GUEST 2**

**The Bush Club Inc.**

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Print Name..... Member who invited you.....

Signed..... Date...../...../20....

**GUEST 3**

**The Bush Club Inc.**

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Signed..... Date...../...../20....

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