

Echuca Moama Bushwalkers Incorporated

ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF MEMBERS

This acknowledgement of risks applies to all club activities I may undertake as a member of Echuca Moama Bushwalkers Incorporated (The Club). In voluntarily participating in activities of the Club which are described to me by the activity 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 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 could expose me to additional hazards and risks described to me by the activity leader.

To minimise risks I will endeavour to ensure that:

1. Each activity is within my capabilities,
2. I am carrying food, water, medication, and equipment appropriate for the activity.
3. 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.
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, and
6. I will comply with all reasonable instructions of club officers and the activity leader.

I have read and understand the above requirements. I have considered the risks before choosing to sign this acknowledgement of risk. I still wish to join the activities of the Club. I acknowledge that I will take responsibility for my own actions and that signing this form and the payment of my subscription will be deemed as full acceptance and understanding of the above conditions.

Name:.....

Home address.....

Town.....Post code.....

Postal address.....

Home phone Mobile:.....

E-mail:.....

Birth date:

Emergency contact: Name:.....

Phone: mobile: home:.....

Membership of other Bushwalking Victoria club nominated as Primary club for insurance purposes.

Name of Club:.....

Signed..... Date202.....

Please return to: The Treasurer, Echuca Moama Bushwalkers Inc

8 Genevieve Ave, ECHUCA Vic 3564

hand to the Club Treasurer at the next meeting or

email to treasurer@echucamoamabushwalkers.org.au

EFT Account name Echuca Moama Bushwalkers Inc BSB 633000 Account number 144102332