

ACKNOWLEDGEMENT OF RISK FORM FOR TEMPORARY MEMBERS (VISITORS)

ECHUCA MOAMA BUSHWALKERS INC

Leader's Name:

Name of Walk or Activity: **Grade:**.....

Date:

ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF TEMPORARY MEMBERS

In voluntarily participating in the above named walk, an activity of this Club, I am aware that my participation in this activity may expose me to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. In particular, when participating in abseiling or above the snowline activities I am aware that these activities expose me to additional hazards and risks.

To minimise risks I will endeavour to ensure that:

- 1. Each activity is within my capabilities.
- 2. I am carrying food, water and equipment appropriate for the activity.
- 3. I will advise the activity leader of any physical or other limitation, or any medication I am taking or may need to take, or allergy that may require urgent attention during 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 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 the above-named club for the duration of this event only.

I have paid my **Temporary Members fee of \$5.00 for Adults or \$2.00 for under 18 year old.**

Print Name

Address:.....

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email address:.....

phone number; home..... **mobile**.....

Emergency Contact Person:

Name:.....

Phone: home:..... **mobile:**.....

Signed..... **Date**20.....