



Bushwalking Victoria Inc.
MELBOURNE BUSHWALKERS INC.
A0000133X



Warning: Bushwalking is inherently risky and participants are responsible for their own safety. Participants should inform their trip leader of special safety factors such as pre-existing health and/or fitness problems. Talk before the Walk!
Tell us of any health risks, be fit, have fun, return home safely

Acknowledgment of Risk Form for Temporary Members/Visitors

Activity Name: _____ **(FEDERATION WEEKEND 2017)** _____ **Date of Activity:** _____

In voluntarily participating in this activity of Melbourne Bushwalkers Inc., an activity as described to me by the activity leader, 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. I also acknowledge that I may encounter weather conditions that could lead to heat stroke, hypothermia or being in locations where evacuation for medical treatment may take hours or days. I am aware that the Club recommends that participants have comprehensive personal ambulance cover.

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.

To minimize risks I will endeavour 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 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.
- I will advise the leader of any concerns I am having and
- 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 this activity. I acknowledge that I will take responsibility for my own actions and that I have been granted temporary membership of Melbourne Bushwalkers Inc. for the duration of this event only. I also acknowledge that signing this form or the payment of my subscription will be deemed as full acceptance and understanding of the above conditions.

Name: _____ **Tel. No:** _____ **[W] [H] [M]**

Email: _____ **Year of Birth:** _____

Address: _____

Emergency Contact Name: _____ **Tel. No:** _____ **[W] [H] [M]**

Emergency Contact Relationship: _____

Signature: _____ **Date:** _____

Signature of Parent/Guardian, if under 18 yrs _____