

## Brindabella Bushwalking Club Family Walk Report

**WALK DESCRIPTION** (Insert below)

**MEMBERS & VISITORS:** Please read this risk acknowledgement and add your name & signature

In voluntarily participating in the above activity, I am aware that I am risking injury, illness and death, and loss of or damage to my property. Typical risks may include but are not limited to hyperthermia, hypothermia, slipping on loose or icy surfaces, slipping on rocks, falling rocks, exposure, snake bite, bee stings and other insect attacks, burns, drowning, stepping into unseen holes, accidents during vehicle travel to walks, navigation errors and becoming lost.

To minimise risks I will:

- inform myself of the nature of the activity and ensure that it is within my capabilities;
- carry food, water, medication, clothing and equipment appropriate for the activity;
- advise the leader of any physical or other limitation, or any dependence on medication, that may require urgent attention during the activity;
- make every effort to remain with the rest of the party during the activity;
- advise the leader of any concerns I am having; and
- comply with all reasonable instructions of the leader.

I understand these risks and requirements. If a visitor/ temporary member, in signing this form I acknowledge that I have been granted temporary membership of the Brindabella Bushwalking Club.

I understand that if I do not wish my image to be published I must to inform the Walk Leader/photographers.

No	Name	Signature	Emerg Ph Of NOK	Club – if not BBC
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

**VISITORS**

*I have read the Club's "Rules for Walkers" and have considered the risks before choosing to sign this Risk Waiver form. I*

VISITOR'S NAME (Please print)	VISITOR'S SIGNATURE	VISITOR'S NAME (Please print)	VISITOR'S SIGNATURE
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

*still wish to join the activity with the child. I agree by signing this form to waive any claim for damages arising from this*

**FOR CHILDREN UNDER 18 YEARS (to be signed by the accompanying responsible adult)**

*activity that I or the child may have against the club, the leader or other participants.*

CHILD'S NAME (Please print)	RESPONSIBLE ADULT'S SIGNATURE	CHILD'S NAME (Please print)	RESPONSIBLE ADULT'S SIGNATURE
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

<b>WALK LEADER TO COMPLETE AFTER THE WALK</b>			
Total in party:	Number of young people under 18:	Starting time:	Finishing time:
Car distance: (if different from program)	If you believe this walk should be regraded, what is the correct grade, and why?		
If you needed permission to cross private land, please give name, address & phone number of landholder.			
<b>WALK LEADER</b>		<b>SIGNATURE</b>	<b>DATE</b>
Please record any comments, accidents, emergencies or unforeseen problems below, and return this form to the Walks Officer: David Wardle, 20/36 Shackleton Circuit, MAWSON ACT 2607; or scan and email it to <a href="mailto:walks@brindabellabushwalking.org.au">walks@brindabellabushwalking.org.au</a>			