

Walk Name:

In voluntarily participating in this 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.

I will comply with all current government health precautions to reduce the risk of spreading/contracting COVID-19.

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 and am aware the club does not provide personal accident insurance cover. If a visitor/ temporary member, I acknowledge I have been granted temporary membership of the Club.

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

	Name	Signature	Your Phone Number	Emergency Phone Number	Club – if not BBC
1					
2					
3					
4					
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11					
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20					

Insert Walk Description below

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Visitors. By signing below, you are acknowledging that you have read the Risk Waiver on this form, or have had it read to you, and that you agree to waive any claim for damages arising from this activity that you may have against the club, the leader or other participants.

VISITOR'S NAME (Please print)	VISITOR'S SIGNATURE	VISITOR'S PHONE NUMBER	VISITOR'S EMERGENCY PHONE NUMBER
1			
2			
3			
4			

FOR CHILDREN UNDER 18 YEARS (to be signed by the accompanying responsible adult)
 I have read the Club's "Rules for Walkers" and have considered the risks before choosing to sign this Risk Waiver form. I still wish to join the activity with the child. I agree by signing this form to waive any claim for damages arising from this activity that I or the child may have against the club, the leader or other participants.

CHILD'S NAME (Please print)	Age	RESPONSIBLE ADULT'S SIGNATURE	CHILD'S NAME (Please print)	Age	RESPONSIBLE ADULT'S SIGNATURE
1			3		
2			4		

Leader – please complete this section after the walk

Total in party:	Number of people under 18:	Start time:	Finish time:	Car Distance – if different from what is in the description:
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If you needed permission to cross private land, please give name, address & phone number of landholder.

WALK LEADER	SIGNATURE	DATE
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Please record any comments (including whether the walk should be re-graded), 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 walks@brindabellabushwalking.org.au

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