

**Echuca Moama Bushwalkers Inc
Membership Details**

Name:.....

Home address.....

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

Postal address.....

Home phone..... Work phone.....

Mobile:..... Fax.....

E-mail:.....

Birthdate: (DD/MM)

Directions to home:

.....

Emergency contact:

Name:.....Ph:.....(home)

Ph.....(work) Mobile ph.

Echuca Moama Bushwalkers Inc Insurance Waiver

The club is covered by Public Liability insurance and for personal accident & injury through the Bushwalking Victoria Insurance scheme.

However, I am aware, in voluntarily participating in the club activities, per the published Club calendar, and described by the activity leader, that my participation in these activities may expose me to risks that could lead to injury, illness or death, or to loss of or damage to my property.

To minimize these risks I will endeavour to ensure that for all club activities;

- (1) The activity is within my capabilities.
- (2) I will carry food, water and equipment appropriate for the activity.
- (3) I have advised the activity leader if I am taking any 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 and accept the instructions of the leader of the activity.

I have read and understand these requirements. I have considered the risks before choosing to sign this risk waiver. I still wish to join in club activities. I accept that in signing this form I am waiving my rights to sue the leader, the club and other participants. I agree that any contract arising from my participation will exclude any liability arising from the supply of goods and services by the club leader.

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

**Please return to: The Treasurer,
Echuca Moama Bushwalkers Inc
PO Box 1256, ECHUCA Vic 3564
Or hand to the Club Treasurer at the next meeting**