

**ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF TEMPORARY MEMBERS
ECHUCA MOAMA BUSHWALKERS INC**

Name of Walk/Activity.....

Walk Leader:.....

Date

In voluntarily participating in the activity referred to on this risk waiver form and 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 hypothermia and being in locations where evacuation for medical treatment may take hours or days.

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 minimize these risks I have endeavoured to ensure that

1. This activity is within my capabilities.
2. I am carrying 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 adversely affect my participation in 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 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 Echuca Moama Bushwalkers Inc for the duration of this event only. I also acknowledge that signing this form will be deemed as full acceptance and understanding of the above conditions and I acknowledge that signing this form I am waiving any rights to sue the leader, the club and other participants.

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:.....

SignedDate 20.....