

## ACKNOWLEDGEMENT OF RISK FORM FOR MEMBERS AND TEMPORARY MEMBERS (VISITORS)

Before commencing any activity with the club all members and temporary members (visitors) must sign this acknowledgement of risk form.

# Central Australian Bushwalkers Association

**Leader:** \_\_\_\_\_ **Grade of Walk or Activity:** (please circle) easy - medium - hard **Location:** \_\_\_\_\_

In voluntarily participating in this bushwalk on (date)....., 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.

To minimise risks I will endeavour to ensure that

1. Each activity is within my capabilities.
2. I am carrying food, water and equipment appropriate for the activity.
3. I will advise the activity leader if I am taking any medication or have any physical or other limitation that might 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.
6. I will comply with all reasonable instructions of club officers and the activity leader.

I have read and understand these requirements. I have considered the risks before choosing to sign this 'Acknowledgement of Risk form. I still wish to join this activity. I accept that in signing this form I will take responsibility for my own actions.

Visitors/temporary members: I acknowledge that I have been granted temporary membership of the above named club for the duration of this event only.

NAME	TELEPHONE	NEXT OF KIN	TELEPHONE	SIGNATURE

Leaders:

Please return this form to Nannette Helder,  
Scan and email: [nannettehelder@bigpond.com](mailto:nannettehelder@bigpond.com)  
Or Photo and text: 0409 377 545