



APPLICATION FOR MEMBERSHIP ACKNOWLEDGEMENT OF RISKS, 2018-2019

Applicant (s): _____ (Block capitals please)

Postal Address: _____

_____ Post Code: _____

Telephone: _____ Mobile: _____

E-mail Address: _____

This acknowledgement of risks applies to all club activities I may undertake during the period from **1 July 2018** to **30 June 2019** as a member of the ***Werribee Bushwalking and Outdoor Club Inc.***

In voluntarily participating in activities of the Club which are described to me by the activity leaders, I am aware that my participation in the activities 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.

To minimise risks I will endeavour to ensure that:

1. Each activity is within my capabilities.
2. I am wearing suitable clothing and footwear.
3. I am carrying food, water, personal medication and equipment appropriate for the activity.

In addition:

1. I will advise the activity leader if I have any physical or other limitation that might affect my participation in the activity.
2. I will remain with the rest of the party during the activity.
3. I will advise the leader of any concerns I am having.
4. 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 the activities of the Club. I acknowledge that I will take responsibility for my own actions and that signing this form and payment of my subscription will be deemed as full acceptance and understanding of the above conditions.

Name (s): _____ (Please print)

Signed: _____ Date: _____
(Both to sign if a family application)

Proceed to ***Methods of Payment*** on page 2



APPLICATION FOR MEMBERSHIP

METHODS OF PAYMENT, 2018-2019

Membership Type FAMILY \$60.00 or SINGLE \$35.00 (Please circle type)

Members NAME AGE GROUP (Please circle)

Adult 1: _____ (yourself) 18-34 35-54 55-94 95+

Adult 2: _____ 18-34 35-54 55-94 95+

Notes:

1. Age information is for Bushwalking Victoria statistics only. Names are not disclosed.
2. Dependent minors (under 16 years of age) under the supervision of a **financial** member may participate in any event (subject to the approval of the event leader) at no cost provided a **Guest Walker Form** is completed for each event.
3. Photographs taken on activities may be published in the club newsletter. Please contact the editor if you do not want images of yourself or your family published in the member's only view of the club newsletter or in other club material.

Payment Methods

Direct credit Bendigo Bank: BSB: 633-000 Account: 5696356 (Include your name as the reference)

Cheque Payable to: WERRIBEE BUSHWALKING & OUTDOOR CLUB INC.
Posted to: The Treasurer WBOC, PO BOX 233, WERRIBEE 3030

Cash/Cheque Personally handed to the Treasurer at a monthly club meeting.

Points to Remember

1. The Club does not provide a first aid kit for activities therefore each member must carry their own personal first aid kit. This should also contain personal medication (e.g. epipen, asthma medication, etc) in case the situation arises.
2. Inform the leader of any health condition or other circumstance that may influence your enjoyment of the activity, or that of the group, should such a situation arise during the activity.
3. Notify the leader before noon the day before the event to prevent cancellation due to lack of interest.
4. It is your responsibility to read the preview or consult with the leader regarding any activity that you want to participate in, and ensure it is within your capabilities.
5. A leader has the right to refuse any person permission to participate in an activity. In such cases the Leader must clearly explain the reason for the refusal.
6. If you feel uncomfortable about any aspect of an activity in which you are participating, whether it be an unnecessary risk or an error of judgement by the Leader, state your concern and/or refuse to participate. Your concerns might be shared by others and may avert an incident or accident.
7. It is highly recommended that you have your own current ambulance cover.

This membership application will not be accepted unless the **Acknowledgement of Risks** is completed and signed on page 1