



Werribee Bushwalking & Outdoor Club Inc.  
P.O. Box 233 Werribee 3030

Bushwalking Victoria  
P.O Box 1007, Templestowe, Vic, 3106

**ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF TEMPORARY MEMBERS.**

**NAME OF CLUB: WERRIBEE BUSHWALKING AND OUTDOOR CLUB INC.**

**NAME OF WALK/ACTIVITY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

In voluntarily participating in the activity referred to on this 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 damage to my property. I also acknowledge that I may encounter severe weather conditions that could lead to heat stroke, hypothermia or being in locations where evacuation for medical treatment make take hours or days.

To minimise these risks I have endeavoured to ensure that:

- 1) This activity is within my capabilities,
- 2) I am wearing suitable clothing and footwear, and I am carrying sufficient food, water, personal medication (e.g. epipen, asthma medication, etc) and equipment appropriate for the activity,
- 3) I have advised the activity leader if I have any physical or other limitation that might affect my participation in the activity,
- 4) I will 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 acknowledgement of risk. I still wish to join this activity. I accept that in signing this form I will take responsibility for my own actions and also acknowledge that I have been granted temporary membership of the **Werribee Bushwalking and Outdoor Club** for the duration of this event only.

**SIGNED:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Would you like the group photo from this activity emailed to you?      YES / NO (please circle)**

**EMERGENCY CONTACT DETAILS**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_