



PERTH BUSHWALKERS CLUB INC

ACTIVITY REGISTRATION FOR CLUB MEMBERS

(CLUB VISITORS REGISTER ON REVERSE SIDE)

Leader:

Activity:

Date:

MEMBERS ARE REMINDED TO ADVISE THE LEADER: If they are taking any medication or have any physical or other limitation that might affect their participation in the activity.

Member Number	Member Full Name (Visitors register on reverse side)	Current First Aid Cert? YES/NO	Contact Name In Case of Emergency	Emergency Contact Phone #
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PERTH BUSHWALKERS CLUB INC INTRODUCTORY WALKERS & CLUB VISITORS

Please return completed form to:

The Membership Secretary
Perth Bushwalkers Club Inc
PO Box 7014
North Applecross WA 6153

ACKNOWLEDGEMENT OF RISKS & OBLIGATIONS (TEMPORARY MEMBERS)

(CLUB MEMBERS REGISTER ON REVERSE SIDE)

In voluntarily participating in this activity, I am aware that my participation may expose me to risks that could lead to injury, illness or death, or to loss of or damage to my property. Those risks include, but are not limited to, slippery and/or uneven ground, rocks being dislodged, swimming, diving, submerged logs and rocks, shallow and/or cloudy water, strong currents, hypothermia or hyperthermia. In particular, when participating in abseiling or above the snowline activities I am aware that I may be exposed to risks such as, but not limited to, snow drifts, cliffs, exposure to weather, and white out conditions and falling.

To minimise 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 affect my participation in the activity.

I will make every effort to remain with the rest of the party during the activity, advise the leader of any concerns I am having and accept all reasonable instructions of the leader of this 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.

Visitor Full Name (Members register on reverse side)	Paid \$5	Contact Name In Case of Emergency	Emergency Contact Phone #	Signature
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