

**South Gippsland Walking and Adventure Club Inc.**



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

**Activity:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Grade of Activity:** \_\_\_\_\_

**Leader's Name:** \_\_\_\_\_

In voluntarily participating in \_\_\_\_\_ on \_\_\_ / \_\_\_ /201\_\_\_, an activity of this Club as described to me by the activity leader, I am aware that my participation in this activity 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 rocks, rocks being dislodged, cliffs, exposure to weather and white out conditions, falling and hypothermia.

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 affect my participation in the activity.
- (4) I will make every effort to remain with the rest of the party during the activity and accept the instruction 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 acknowledge that I will take responsibility for my own actions and that I have been granted temporary membership of the South Gippsland Walking and Adventure Club 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.

NAME	ADDRESS	TELEPHONE	SIGNATURE	DATE

**Leader:** Please submit this form with other trip documentation to the *Walks Coordinator*