Bushwalking Victoria – Warby Range Bushwalkers Inc Acknowledgement of Insurance Cover

All financial members of the Warby Range Bushwalkers Inc, and members of Clubs, which are jointly promoting the activity below, are covered by the Club's Public Liability/Professional Indemnity Insurance through Bushwalking Victoria.

All financial members of the Warby Range Bushwalkers Inc who are over the age of 5 years, and under 95 years, are covered by the Club's Personal Accident Insurance through Bushwalking Victoria.

ALL PARTICIPANTS WHO ARE NOT PAID-UP MEMBERS MUST BECOME TEMPORARY MEMBERS, THE CHARGE BEING \$5 PER PERSON, REFUNDABLE WHEN THE FULL MEMBERSHIP LEVY IS PAID.

In signing the activity registration form below, I acknowledge that I have read, and understood, this information.

In voluntarily participating in the Club activity listed below, which has been described by the activity leader/s 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.

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.

In particular, when participating in above the snowline activities I am aware that these activities could expose me to additional hazards, and risks, as described to me by the activity leader.

To minimise these risks, I will endeavour to ensure that:

- This activity is within my capabilities, and I am carrying food and water, clothing and equipment appropriate to the activity.
- 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.
- I will make every effort to remain with the rest of the party during the activity.
- I will advise the leader of any concerns I am having, and
- 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, and I still wish to join this activity. I acknowledge that I will take responsibility for my own actions, and:

- that signing this form, or the payment of my subscription, will be deemed as full acceptance, and understanding, of the above conditions. OR
- I acknowledge that I have been granted temporary membership of the above named club, for the duration of this event only.

| ACTIVITY | | | |
|------------------------|-----------|---------|-------------|
| DATE | LEADER | | |
| NAME (Capital letters) | SIGNATURE | PHONE # | EMERGENCY # |
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