



GRAMPIANS BUSHWALKING CLUB INCORPORATED Reg. No A0031111E

Application for membership of the Grampians Bushwalking Club Inc

Year 2019-2020

NAME: _____

ADDRESS: _____

POSTCODE: _____

HOME PHONE: _____ MOBLIE PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ (required for insurance purposes)

MEMBERSHIP TYPE:

<input type="checkbox"/>	Adult membership (persons 18 years or older.)
<input type="checkbox"/>	Family membership (one or two adults with or without children under the age of 18 years.)

WALK PREFERENCE: (Circle) DAY OVERNIGHT (BACKPACK) BASE CAMP

Do you have a current First Aid Certificate YES / NO

Do you have any medical conditions which may affect your ability to participate safely in club activities: YES / NO

If YES, please ensure :

1. That you disclose the nature of the condition to the leader prior to an activity. **This information shall remain confidential.**
2. Complete and carry the Participant's Emergency Contact & Medical Information form in a zip top plastic envelope in an outside pocket of your pack
3. That you carry any medication you may need on the activity.

CONTACT PERSON (For use in emergency situations only)

NAME: _____

ADDRESS: _____

POSTCODE: _____

RELATIONSHIP: _____

CONTACT PHONE NO. _____

Acknowledgement of Risk

I understand that by voluntarily participating in Grampians Bushwalking Club activities I may be exposed to risks that could lead to injury, illness, death or loss of or damage to my property. These risks include but are not limited to, snake or insect bite, traversing rough ground, loose stones or rocks, scrub, fallen logs or other obstacles, slippery surfaces and creek crossings, encountering weather conditions that could lead to hypothermia and being in locations where abseiling or above the snowline activities are occurring. I am aware that these activities expose me to additional hazards and risks.

To minimise these risks I will endeavour to ensure that:

- Activities in which I participate are within my capabilities.
- I will carry food, water and equipment appropriate for the activity.
- I will advise the activity leader of any medication or any physical or other limitation that might adversely 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 during the activity.
- I will comply with all reasonable instructions of club officers and the activity leader.

I have read and understand the above requirements and have considered the risks before choosing to sign these undertakings. I still wish to participate in Club activities and accept that in signing this application I will take responsibility for my own actions. I acknowledge that signing this form will be deemed in full acceptance and understanding of the above conditions. I also accept that photos taken during the activity may include images of me, and/or my family, and these may appear for public viewing on the Club's web site, as well as be electronically shared amongst Club members and visitors.

DATE ____ / ____ / ____

SIGNATURE: _____

PLEASE RETURN TO:

SECRETARY
GRAMPIANS BUSHWALKING CLUB
2 SMALE STREET
STAWELL VIC 3380