

**GROUP WAIVER SIGN-ON SHEET
ARMIDALE BUSHWALKING CLUB**

_____ (event name) _____ (date)

In voluntarily participating in the activity referred to on this Risk Waiver form and described to me by the Activity Leader I am aware that my participation in this Activity may expose me to risk that could lead to injury, illness or death or to loss of or damage to my property.

Those risks may include but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion

_____ (Leader to insert special additional risks for that day.)

To minimise these risks I have endeavoured to ensure that:

This activity is within my capabilities and I am carrying food, water and equipment and wearing clothing and footwear appropriate for this activity. 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 this activity. I do not believe that my medication or limitations will prevent me from successfully completing this activity. I will make every effort to remain with the rest of the party during the activity and accept the instructions of the leader of the activity.

I have read or heard and understand these requirements. I have considered the risks before choosing to sign this Risk Waiver form. I still wish to join the activity. I accept that in signing this form I am waiving my rights to sue the leader, the club & other participants. I agree that any contract arising from my participation will exclude any liability arising from the supply of goods and services by the club leaders.

MEMBER STATUS: C/M if current financial member. P/M if visitor or expired membership.

PRINT NAME	SIGNATURE	EMERGENCY CONTACT	EMAIL (if a new member)	MEMBER STATUS

INCIDENTS/ACCIDENTS REPORTED (circle yes or no): Yes (if so complete page 2) No (sign and date below)

Leader's Name _____ Signed: _____ Date: _____

**ARMIDALE BUSHWALKING CLUB
Child Membership
RISK WAIVER FOR A CHILD JOINING THE CLUB**

(To be signed by parent or guardian before the child's FIRST activity with the club)

I am the parent/guardian of (Name of child)
whose date of birth is / / .

I consent to..... (name of child)
participating in the activities of Armidale Bvushwalking Club *in mycompany or the company of an adult who
has signed the Responsible Adult RISK WAIVER FORM attached.*

I understand that (name of child)
may be exposed to risks that could lead to injury, illness or death or to loss of or damage to my child's
property.

Those risks may include but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at
edges of cliffs or drops or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion.

To minimise these risks I will endeavour to ensure:

That any activity in which (name of child) participates is within his/her capability,
that she/he is carrying food, water and equipment and wearing clothing and footwear appropriate for the
activity, that she/he will obey the directions which are given by the leader. I will advise the activity leader if the
child is taking any medication or has any physical or other limitations that might affect his/her participation in
the activity.

I have read or heard and understand these requirements; I have considered the risks before choosing to

sign this form. I still wish (name of child) to participate in the

activities of (name of club) I agree by signing this form to
waive any claim for damages arising from this activity that I or my child may have against the club, the leader
or other participants in tort or contract.

My consent is binding on (name of the child)

Signed: (PARENT/GUARDIAN)

.....(PRINT NAME)

.....(ADDRESS)

.....(PHONE)

..... (DATE)

**ARMIDALE BUSHWALKING CLUB
RISK WAIVER FOR A CHILD
TO BE COMPLETED WITH THE SIGN ON SHEET BEFORE AN ACTIVITY
BY THE ADULT RESPONSIBLE FOR A CHILD**

.....(Name of Walk/Activity)

I (name of person) am over the age of 18 years and undertake to be responsible

for (name of child) whose date of birth is / / .

I have been authorised to be responsible for (name of child) by the child's parent/guardian.(signature of Parent/Guardian).

I understand that (name of child) may be exposed to risks that could lead to injury, illness or death or to loss of or damage to the child's property. Those risks may include but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops or elsewhere, risks associated with crossing creeks, hypothermia and heat

exhaustion and (Leader to insert any known additional risks for the day.)

To minimise these risks I will ensure that (name of child) will obey directions which are given by me and the leader of the activity. The activity is within the child's capabilities and she/he is carrying food, water and equipment and wearing clothing and footwear appropriate for this activity.

I do not believe that the child is taking medication or has limitations which will prevent the child from successfully completing this activity.

If the child is unable to complete the activity or is having difficulties then I undertake to notify the leader and make arrangements if necessary to shorten the activity for the child. I will make every effort to ensure that I and the child remain with the rest of the party during the activity and accept the instructions of the leader of the activity.

I have read or heard and understand these requirements. I have considered the risks before choosing to sign this Risk Waiver form. I still wish to join the activity with the child. I agree by signing this form to waive any claim for damages arising from this activity that I or the child may have against the club, the leader or other participants in tort or contract.

Signed: (DATE)

.....(PRINT NAME)

.....(ADDRESS)

.....(PHONE)