



**NEW & RENEWAL MEMBERSHIP 2012**

**INSTRUCTIONS**

- This form must be completed annually when renewing your membership and prior to participation in any Central West Bushwalking Club activity.
- All sections **MUST** be completed. Applicant information will remain confidential.
- Hand the completed form to the activity leader on your first club activity or mail it to the Club at above address. **New and Prospective Members remember to ring Bruce Mullaney 02 63317791 as a 'first point' of contact.**
- Each family member over 16 years of age must complete a separate application.
- Membership fees are: Annual -\$25 (single membership) & \$15 thereafter for each person living at the same address, and capped at \$55. To avoid a \$5 late fee, renewals are due no later than 31st March.
- From 1st September, fees for full Membership are \$15.
- Prospective member fees -\$15 paid for first activity attended. (To cover insurance and affiliation). Next walk \$10 paid will take you up to full yearly membership.

**IT IS STRONGLY ADVISED THAT ALL MEMBERS HAVE THEIR OWN CURRENT AMBULANCE COVER.**

**DETAILS OF APPLICATION**

- 1 FULL NAME .....
- 2 ADDRESS .....
- 3 POSTAL ADDRESS .....
- 4 TELEPHONE (Home)..... (Mobile) .....
- 5 EMAIL ADDRESS.....

Would you like to receive your program by Email? Yes  No

6 IN CASE OF EMERGENCY, Please supply a contact name and phone number. (Other than own)

NAME..... TELEPHONE.....

7 AGE (tick a box) 16-21  22-39  40-59  60+

8 TYPE OF MEMBERSHIP REQUIRED (tick a box) Single  Family

9 FEES INCLUDED WITH THIS FORM (tick a box) Annual  Prospective member

10 Provide names and ages of members under 18 years. (Must be accompanied by an adult on activities.)

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11 Do you have a current First Aid Certificate  No  Yes Date of expiry .....

Signature ..... Date .....

**RISK WAIVER ON MEMBERSHIP APPLICATION FORM**

In voluntarily participating in any activity of the **Central West Bushwalking Club Inc.** I am aware that this 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.

To minimise these risks I will endeavour to ensure: That any activity in which I participate is within my capabilities and that I am carrying food, water and equipment appropriate for the activity. I agree to 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 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 form. I still wish to participate in the activities of the **Central West Bushwalking Club Inc.**

I accept that in signing this form I am waiving my rights to sue the leader, the club and 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.

Signed: .....

..... (Print Name)

.....(Date)

**BELOW SECTION MUST BE READ AND SIGNED IF JOINING CHILDREN**

**(To be signed by parent or guardian before FIRST activity with club)**

I am the parent/guardian of the children detailed below, whose dates of birth are as shown. I consent to these children participating in the activities of the **Central West Bushwalking Club Inc.**

I understand that these children may be exposed to risk 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 or other such risks as may be reasonably expected in participating in outdoor activities of this nature.

I believe that this activity is within the capability of these children and that they will be carrying food, water and equipment appropriate for the activity. I agree to advise the activity leader if the child is taking any medication or has any physical or other limitation that might affect his or 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 for this child/children to participate in the activities of the **Central West Bushwalking Club Inc.**

I accept that in signing this form I am waiving my own and my child's rights to sue the leader, the club and other participants in tort or contract. I agree that any contract arising from my child's participation will exclude any liability arising from the supply of goods and services by the club leaders.

Provide names and ages of members under 18 years. (Must be accompanied by an adult on activities.)

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Signed: ..... (Parent/Guardian) ..... (Print Name)

..... (Address)

..... (Phone) ..... (Date)