



NEW & RENEWAL MEMBERSHIP 2019

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 -\$30 (single membership) & \$20 for 2nd adult living at the same address. Then \$5 each child at same address. To avoid a \$5 late fee, renewals are due no later than 31st March.
- From 1st September, fees for full Membership are \$20.
- Visitors on 1 walk will pay \$5 but must then join to go on further walks.

IT IS STRONGLY ADVISED THAT ALL MEMBERS HAVE THEIR OWN CURRENT AMBULANCE COVER. It is not covered in club Public Liability and Personal Accident Insurance.

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 Newsletters only by email or website

6 IN CASE OF EMERGENCY, Please supply a contact name and ph no. (not your partner if they also walk)

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 Visitor

PAYMENT OPTION Cash Cheque Direct Deposit - BSB 882-000 Account 14892
(Unity or Reliance Bank)

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

In voluntarily participating in any activity of the Central West Bushwalking Club Inc (the Club), I am aware that this may expose me to risk that could lead to injury, illness, disability, permanent disability 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, snake or spider or other insect bite, 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 acknowledge that I have been advised of those risks and to the fullest extent permitted by law I have voluntarily assumed those risks.

To minimise those 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 limitations that might affect my participation in the activity.

I acknowledge the Club has personal accident insurance for members and I agree that if I suffer any injury during a Club activity I will notify the activity leader and complete an injury report form so the insurer can be notified of a possible claim.

I will make every effort to remain with the rest of the party during Club activities and accept the instructions of the leader of the activity. I have read and understood these requirements. I have considered the risks before choosing to sign this form. I still wish to participate in the activities of the Club.

I agree by signing this form to waive any claim for damages arising from any activity that I may have against the activity leader, the Club and other participants in tort or contract to the fullest extent permitted by law. This waiver is binding on my Estate.

Signed:

..... (Print Name)

.....(Date)

BELOW SECTION MUST BE READ AND SIGNED IF JOINING CHILDREN

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 Club.

I understand that these children may be exposed to risks that could lead to injury, illness, disability, permanent disability or death or to loss of or damage to their 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 elsewhere, snake or spider or other insect bite, 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 acknowledge that I have been advised of those risks and to the fullest extent permitted by law I consent to my child/children to voluntarily assuming those risks.

I believe that these activities are within the capability of my child/ren. They will be carrying food water and equipment appropriate for the relevant activity. I agree to advise the activity leader if the child/children is/are taking any medication or has any physical or other limitations that might affect their participation in the activity.

I have read and understand these requirements. I have considered the risks before choosing to sign this form. I still wish for my child/children to participate in the activities of the Club.

I acknowledge the Club has personal accident insurance for members and I agree that if my child/children suffer any injury during a Club activity I will notify the activity leader and complete and injury report form on the child's behalf so the insurer can be notified of a possible claim.

I agree by signing this form to waive any claim for damages arising from any activity that I or my child may have against the leader, the Club and other participants in tort or contract to the fullest extent permitted by law. This waiver is binding on my child's estate
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)