

WEA RAMBLERS – ATTENDANCE SHEET

WALK _____

DATE _____ LEADER _____

In case of emergency, telephone 000.

RISK WAIVER In voluntarily participating in the above activity of WEA Ramblers, 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. These 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 other known risks). To minimise these risks, I will endeavour to ensure that any activities in which I participate are within my capabilities and that I am carrying food, water and equipment appropriate for the activities. I will 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, but not prevent me from completing it. I confirm that I am over 18 years of age. I will make every effort to remain with the rest of the party during the activity and to 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. I still wish to join the activity. I agree by signing this form to waive any claim for damages arising from these activities that I may have against the Club, the Leader or other participants in tort or contract.

NAME (PLEASE PRINT)	M/V	SIGNATURE	EMERGENCY CONTACT NUMBER
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PLEASE MAIL TO: The Walks Co-ordinator, WEA Ramblers, P O Box Q1687, Queen Victoria Building NSW 1230.

****** VISITORS MUST SIGN BOTH THE FRONT AND BACK OF THIS FORM ******

As at 11.1.2011

WEA RAMBLERS

ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF TEMPORARY MEMBERS

By signing below as a non-member of WEA Ramblers, I reiterate that I have read or heard and understand the requirements of the Risk Waiver outlined on the reverse side of this page.

I agree by signing this form to waive any claim for damages arising from this activity that I may have against the Club, the Leader or any other participant in tort or contract.

I am aware that I can only be a temporary member for three (3) walks during an eight (8) week period commencing with my first walk as a temporary member and confirm that I will not exceed this limit.

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Walkers who leave before the completion of the walk should sign off below noting the time of their departure

NAME	TIME LEFT	SIGNATURE