



# Southern Highlands Bushwalkers Incorporated

## Participant's Risk Waiver

WALK LEADER: \_\_\_\_\_ WALK: \_\_\_\_\_ 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. The Activity Leader is aware of these special additional risks for this activity:

To minimise these risks, I have endeavoured to ensure that this activity is within my capabilities and I am carrying adequate 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 limitations that might affect my participation in this activity. I do not believe that my medications 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 or other participants in tort or contract.

Please indicate if you agree or disagree (Y/N) to your photograph being used in club publicity or promotion.

**I understand there NO personal accident insurance supplied by this club.**

**I have read and understand the above conditions:**

Name	Phone/Email Emergency Contact	Signature	Photo Y/N	1Aid Y/N
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Walk leader must record details of any accidents overleaf.

