

Newcastle Ramblers Bushwalking Club - Activity Risk Assessment.

Walk _____ Map _____ Date _____

Leader _____ Phone No. _____ Mobile _____

Vehicles left at _____ Estimated return time ____ / ____ / ____ : ____

Number on walk _____ PLB carried Y/N Walk grade G ____ / ____ Km / _____ Hrs / _____ Alt, gain
Elevation. Max _____ Min _____ Route Conditions _____

Special Equipment _____

Water Situation _____ National Park Fee \$ _____ per _____

PLEASE NOTE.

The Leader's checklist below is to be completed before participants sign the sheet overleaf.

The Leader, prior to the commencement of an activity, must complete the risk assessment below with all participants involved and before the participants sign the waiver form on the reverse side. Participants should be reminded that it is their responsibility to ensure that they understand the nature of the activity, provide necessary equipment and provisions and are physically fit for the level of the activity.

	Please Tick
<u>Details</u> of the activity have been discussed with the group.....	<input type="checkbox"/>
<u>Travel:</u> Convoy arrangements, car shuffle, etc.....	<input type="checkbox"/>
<u>Route:</u> Distance and duration, rest & camping locations, contingency routes, elevation, track / off-track.	<input type="checkbox"/>
<u>Known & possible risks:</u>	
Steep slopes, thick scrub, boulder hopping, loose rocks, rock scrambling, etc.....	<input type="checkbox"/>
Biting insects and snakes. Weather conditions. Other.....	<input type="checkbox"/>
<u>First Aid :</u> Participants are aware of those holding qualifications.....	<input type="checkbox"/>
Does each participant have a personal first aid kit?.....	<input type="checkbox"/>
<u>Deputy Leader:</u> Appointed should Leader become unable to lead.....	<input type="checkbox"/>
<u>Participants:</u> Is the number of participants suitable for this activity?.....	<input type="checkbox"/>
Advised to remain together. "Tail end Charlie" appointed for larger groups.....	<input type="checkbox"/>
Notify Leader of medical/physical conditions that may need attention during activity.	<input type="checkbox"/>
Have adequate water, food, First Aid equipment, protective clothing.	<input type="checkbox"/>
<u>Leader's Contact</u> Person nominated for the activity. Names and activity details have been recorded on the Walks Description Sheet & left with the Leader's contact person.....	<input type="checkbox"/>
<u>Other.</u> Fire bans, Hygiene, Litter, etc.	<input type="checkbox"/>

Leader's Signature:

Please provide details of any injuries or accidents that impeded the progress of this activity.

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.....Please attach extra paper if necessary.

Leader, please complete and return to the Secretary or Vice President at the next club meeting or post to P.O. Box 719 Charlestown 2290

NEWCASTLE RAMBLERS BUSHWALKING CLUB. ACTIVITY SIGN-ON SHEET

HAS THE LEADER'S CHECKLIST BEEN COMPLETED?

LEADER – PLEASE READ TO THE GROUP BEFORE THE PARTICIPANTS SIGN BELOW:

❖ In voluntarily participating in this activity of the Newcastle Ramblers Bushwalking Club, I am aware that bushwalking can be a hazardous activity and **may expose me to risks** that could lead to injury, illness or death or loss of, or damage to, my property.

❖ To minimise these risks, I have endeavoured to ensure that this activity **is within my capabilities and I am carrying food, water and equipment** appropriate for the 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 the activity. I will make every effort to remain with the rest of the party during the activity.

❖ **My signature below indicates that I have heard, understand and accept these requirements.**

<u>No.</u>	<u>Name.</u>	<u>Signature</u>	<u>Mobile</u>	<u>Vehicle</u>	<u>First Aid Qualified</u>	<u>Map & Compass</u>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

Contact person _____

Phone Number _____ Mobile Number _____

Advised of safe return / incident. ___/___/ 20___ at ___:___ am/pm