

SYDNEY CHRISTIAN BUSHWALKERS

PROSPECTIVE MEMBER DECLARATION

*To be completed by a visitor who intends to become a **Full Member***

Full Name: _____

Address: _____

Home phone: _____

Work phone: _____

Mobile: _____

Email address: _____

I understand that by signing this form and the **Membership Risk Waiver** (on the reverse side or separately attached) I shall become a prospective member of Sydney Christian Bushwalkers ("**the association**") for a maximum period of 12 months and able to participate in an unlimited number of association activities whilst waiting to become a full member.

I agree to abide by the association's rules and by-laws. I also agree with the association's objectives, specifically:

1. To provide opportunities for people of all ages to participate in bushwalking and related outdoor and social activities.
2. To promote fellowship amongst Christian bushwalkers.
3. To promote friendship with all bushwalkers.

When it is established that I have participated in at least 3 association activities I wish this form to be considered as my application for full membership by the committee of Sydney Christian Bushwalkers.

If my application is approved then I understand that a **membership fee shall be payable within 30 days**. I understand that I will not be permitted to participate in any activities of Sydney Christian Bushwalkers whilst this membership fee remains unpaid beyond 30 days or in the unlikely event that my application is rejected.

Signature: _____

Name: _____

Date: _____

MEMBERSHIP RISK WAIVER

In voluntarily participating in any activity of **Sydney Christian Bushwalkers** 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 limitations 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 **Sydney Christian Bushwalkers**. I agree by signing this form to waive any claim for damages arising from an activity that I may have against the club, the leader or other participants in tort or contract. My consent is binding on my estate.

Signature: _____

Name: _____

Date: _____