BARRIER RANGERS

EVENT: _____

DATES: _____

INSURANCE WAIVER

In voluntarily participating in the activity referred to on this Activity Sheet 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 rocks being dislodged, swimming, diving, submerged logs and rocks, shallow and/or cloudy water, strong currents, falling at edges of cliffs or drops, hyperthermia, heat exhaustion and feral and domestic animals.

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 this 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 this activity. I do not believe that my medication or limitation 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 form. I still wish to join the activity. 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 other participants in tort or contact.

PRINT NAME	SIGNATURE	CONTACT PHONE NO

For Children under 18 years (In addition sign the responsible Person Risk Waiver Form

PRINT NAME OF CHILD	NAME OF RESPONSIBLE ADULT	SIGNATURE OF ADULT