

The South Coast Bush Walking Club Inc.

PO Box 102, Wollongong. NSW. 2520
www.bushwalking.org.au/~southcoast



Membership Application Form

Name: _____

Address: _____

Suburb: _____ Post Code: _____

Telephone: _____ Mobile: _____

Email: _____

Emergency Contact Name: _____ Phone No _____

I wish to apply to become a member of the South Coast Bushwalking Club Inc. I agree to be bound by the rules of the association.

Signature: _____ Date: _____

Method of Payment: direct debit cash cheque money order

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Please send the above **Membership Application, signed Risk Waiver** and **\$30.00** either by direct debit (details below), cheque or money order to cover insurance to:

**The Secretary
South Coast Bushwalking Club Inc.
PO Box 102
Wollongong. NSW. 2520**

Direct Debit Details

Institution: Illawarra Credit Union
Account Name: S/Coast Bushwalking Club Inc
BSB: 802-249
Account Number: 249094151

Please put your name in the transaction so the Club can keep accurate records.

Prospective membership needs to be obtained before participating in club activities. When your application is received; the current program will be emailed and a Membership Card plus receipt will be posted. Prospective membership lasts for 12 months from date of application and the first two Introductory Grade 4 activities need to be completed during this period. Please take your Walks Completion Form with you on these two walks and have it signed by the walk leader.

Welcome to the South Coast Bush Walking Club! Come along and meet fellow members!

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Risk Waiver

In voluntarily participating in any activity of The South Coast Bush Walking Club Inc., 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:

1. That any activity in which I participate is within my capabilities and that I am carrying food, water and equipment appropriate for the activity.
2. That I 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.
3. That 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 and I still wish to participate in the activities of The South Coast Bush Walking Club Inc.

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 contract.

Signed:

Print Name:

Date: