

ANNUAL RISK WAIVER

Please sign this form and return to BMCS Bushwalking Group, PO Box 29, Wentworth Falls 2782, or to your walks leader or co-ordinator.

Blue Mountains Conservation Society Inc Bushwalking Group

In voluntarily participating in any activity of Blue Mountains Conservation Society Inc Bushwalking Group 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 **Blue Mts Conservation Society Bushwalking Group**. 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)

<i>For Office Use: Date Rec'd:.....</i>
