**Blue Mountains Conservation Society Bushwalking Group Activity Form**

**SIGN ON SHEET FOR ALL MEMBERS and TEMPORARY MEMBERS**

_(Name of Walk/Activity)

Leader Date

In voluntarily participating in the activity referred to on this Risk Waiver form 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 surfaces, rocks being dislodged, falling at edges of cliffs, drops or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion

……**(Leader to insert any known additional risks)**

To minimise these risks I have endeavored to ensure that:
This activity is within my capabilities and I am carrying food, water and equipment and wearing clothing and footwear 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 limitations 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 Risk Waiver 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 contract I further agree that any record of First Aid administered to me, may be stored in the BMCS archives for the required period

| | Name | BW Number | Expiry Date | Emergency Contact No | Signature |
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