

The Armidale Bushwalking Club inc.

POBox 1772 Armidale NSW 2350 Australia Email: committee@armidalebushwalkers.org www.armidalebushwalkers.org

Adult Membership Application Form

(See attached under 18 form)

| Last Name | Title: |
|--|---------------------------------------|
| Given Names | d.o.b (opt)// |
| Address | |
| Town/SuburbSt | ate PCode |
| Phone h: w: m: _ | |
| Email: | |
| I have a first aid certificate 🔲 I am willing to lead a wa | alk 🔲 want to do a first aid course 📋 |
| Membership Options | |
| (Membership includes insurance and affiliation fees with The Confederation of Bushwalking Clubs NSW Inc) | |
| First Family member -\$25 □ | |
| Additional Family Member -\$15 | |
| Name of first family member | |
| • Additional family members are financial only if the first family member is financial. | |
| A separate form needs to be filled out for each family member | |
| Membership renewal fees fall due on 1st January every year. | |
| • New England Credit Union Account Number is: BSB 932 000 Member Number: 660956 | |
| payments may be paid directly into this account, put you name as the depositor | |
| Payment Options | |
| Cash Cheque (please make cheques payable to the Armidale Bushwalking Club) | |
| Liability Waiver Declaration | |
| In voluntarily participating in any activity of The Armidale Bushwalking Club, I am aware that | |
| this may expose me to risk that could lead to injury | |
| 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 | |
| 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 The Armidale | |
| Bushwalking Club I accept that in signing this form I am waiving my rights to sue the leader, | |
| the club & other participants. I agree that any contract arising from my participation will | |
| exclude any liability arising from the supply of goods and services by the club leaders. | |
| Signature Date | |