

| EVENT NOMINATION AND WALK SIGN ON FORM | | | REDLAND BUSHWALKERS CLUB INC. | |
|----------------------------------------|-------|-------------------------------------------------------|------------------------------------------------|--|
| EVENT: | DATE: | GRADING: | LEADERS NAME CONTACT PHONE EMAIL ADDRESS | |
| MEETING PLACE: | TIME: | EMERGENCY CONTACT OFFICER: [if required] PHONE NO: | COSTS: | |

Acknowledgement of Risks and Obligations of members and visitors

[Updated Apr 2021]

In voluntarily participating in the above activity of this club, I am aware that my participation in this activity may expose me to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property.

In particular when participating in abseiling or above the snowline activities I am aware that these activities expose me to additional hazards and risks.

To minimise these risks I have endeavoured to ensure that:

1. This activity is within my capabilities
2. I am carrying food, water and equipment appropriate for the activity.
3. 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 the activity.

I will make every effort to remain with the rest of the party during the activity, advise the leader of any concerns I am having and accept all reasonable instructions of the leader of this activity.

I have read and understand these requirements. I have considered the risks before choosing to sign this acknowledgement of risk. I still wish to join this activity.

Acknowledgement of COVID 19 CONDITIONS

1. I will not take part in this activity if I have any cold or flu-like symptoms.
2. I will ensure good personal hygiene, eg regularly washing hands and using hand sanitiser, coughing or sneezing into elbow
3. I will physically distance from other participants

I accept that in signing this form I will take responsibility for my own actions.

LEADERS: RETURN THIS FORM WHEN COMPLETED AS SOON AS POSSIBLE TO ACTIVITY COORDINATOR OR OTHER MEMBER OF RBW COMMITTEE



Scan to sign in



| NAME | MBR? | EMAIL (PLS PRINT) | PHONE NUMBER | SUBURB | SIGN ON (DAY OF WALK) | SIGN OFF |
|------|------|-------------------|--------------|--------|-----------------------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

