

# BUNDABERG BUSHWALKING CLUB

PO Box 696 BUNDABERG 4670

[www.bundabergbushwalkers.com.au](http://www.bundabergbushwalkers.com.au)

[info@bundabergbushwalkers.com](mailto:info@bundabergbushwalkers.com)



## Membership Application

### Applicant's Details

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender  Male  Female

Email: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Emergency Contact Details

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Contact Details:

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Applicant's Health

I agree to inform the leader of any club activity of any medical condition or other relevant information that may affect my participation in a club activity. I understand medical information is required so that trip leaders are aware of potential medical deterioration during a Bushwalking trip, and it is not used to preclude people from a walk unless the trip leader considers it poses a risk to your health.

**CONSENT:** In the event of an accident or illness (real or apparent) during a club activity, I authorize the activity leader or other responsible persons to obtain for me, on my behalf, any medical assistance or treatment that is considered appropriate or necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### ACCESS & USE OF IMAGES & NAME

I hereby give the Bundaberg Bushwalking Club permission to display publicly my name/image on its website, in newsletters or media

I approve the use of my name and image for the above purposes  YES  NO

## **Risk Warning and Liability Exclusion**

This acknowledgement of risks applies to all club activities I may undertake as a member of **Bundaberg Bushwalking Club Inc.** In voluntarily participating in activities of the Club which are described to me by the activity leaders I am aware that my participation in the activities may expose me to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. I also acknowledge that I may encounter weather conditions that could lead to hypothermia and being in locations where evacuation for medical treatment may take hours or days. In particular when participating in abseiling or above the snowline activities I am aware that these activities could expose me to additional hazards and risks described to me by the activity leader.

To minimise risks I will endeavour to ensure that:

1. Each activity is within my capabilities;
2. I am carrying food, water and equipment appropriate for the activity;
3. I will advise the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity;
4. I will make every effort to remain with the rest of the party during the activity;
5. I will advise the leader of any concerns I am having, and
6. I will comply with all reasonable instructions of club officers and the activity leader.

I have read and understand the above requirements. I have considered the risks before choosing to sign this acknowledgement of risk. I still wish to join the activities of the Club. I acknowledge that I will take responsibility for my own actions and that signing this form and the payment of my subscription will be deemed as full acceptance and understanding of the above conditions.

## **Conditions of Membership**

I agree to inform the walk leader if I am taking medications or suffering from any condition that may affect my participation on the relevant Club activity.

I apply for membership of the Bundaberg Bushwalking Club and request that my name be entered on the register of members. I agree to be bound by the Bundaberg Bushwalking Club Constitution and policies contained in the Members Handbook.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

For a child under the age of 18.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I as parent/guardian of the above person I apply for membership of the Bundaberg Bushwalking Club on his/her behalf. I agree that the Conditions of Membership in this application shall apply to such membership. I acknowledge that I have read the RISK WARNING contained in these conditions.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Payment of Membership Fee**

I understand that my membership is not finalised until I pay the membership fee (\$20 for adults, \$10 for children) by cheque posted to the club PO Box, or by EFT as follows:

BSB: 645 646      Account number: 107 969 998 (quote your surname as reference)  
Bank: Auswide Bank      Name of Account: Bundaberg Bushwalking Club Inc

