



ACTIVITY SIGN-UP

Activity:

Route details:

Transport details:

Specific Risks:

Date & Time:

Leader:

Start Date:		Finish Date:	
	Time:		Time:
Phone:		Mobile:	

Acknowledgement of Risk:

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 and any Junior Member I am responsible for, to risk that could lead to injury, illness or death or to loss of or damage to my/our or property. Those risks may include but are not limited to injury from hazards which can be encountered whilst on this activity, including from: flora or fauna, 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 have endeavoured 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 agree the above also applies for any junior member I am responsible for and have indicated this by signing this form on their behalf.

F/P/V	Name	Mobile No.	Rego. No.	Emergency Contact	Signature
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Note: Please forward the Activity Sign-Up form to the Activities Secretary within 30 days of the activity.

EMERGENCY PROCEDURE:

Leaders:

It is preferable to manage the composition of your activity's party on the SBC website, because in the case of an emergency the Committee will have easy access to all necessary information about your activity and party. Take a copy of this form with you and have the participants sign this copy.

If you manage the composition of your activity's party manually, please fill out this form in duplicate. Take one copy with you and have the participants sign this copy. Leave the other copy with a responsible person (family member, neighbour, friend, work associate) and explain to them the above procedure to be followed if you have not contacted them by a nominated time. Make sure you notify your form holder of your return to avoid false alarms, and thank them.

The Holder of this Form:

If the party doesn't return at the expected time, first assess the situation:

- Check the information about the walk – where did they go, when are they due back, how well were they equipped, how has the weather changed? A day walk overdue by 12 hours may be a concern, but not so a 6-day walk.
- Ring the leader of the walk – they may have returned or got a message home.
- Check your mobile phone – the group may have been able to SMS or ring.
- Ring a committee member (see www.springwoodbushwalker.org.au) – they may know more about the group, leader, type of activity or conditions such as weather and terrain.

If you believe the situation is an emergency, the police should be contacted to begin a search and rescue. Phone 000.

You can also contact the *Bushwalkers Wilderness Recue Service* (BWRS). They are required to contact the police but will often liaise with the police on a rescue and may be able to call on local information to speed up a rescue operation. BWRS contact information:

- Phone 132 222
- Ask for pager number 6277 321
- Leave a brief message including a return phone number
- One of the BWRS people will phone back

INCIDENT REPORT:

To be completed if an incident occurs where medical treatment may be needed or a loss occurs. Inform a committee member as soon as possible

Participant:

Details of injury / loss:

Details of how the injury / loss occurred:

Date & Time:

Leader:

Witnesses:

Name:	Contact details:	
Date:	Time:	Location:
Name:	Contact details:	
Name/s:	Contact details:	