



## Lake Macquarie Bushwalkers Inc.

http://www.lmbw.org.au  
lmbw.secretary@gmail.com

### MEMBERSHIP APPLICATION AND ACKNOWLEDGEMENT OF RISK

I, \_\_\_\_\_ (full name) Year of birth \_\_\_\_\_

apply to become a member of Lake Macquarie Bushwalkers Inc. In becoming a member, I agree to be bound by the constitution, procedures and guidelines of Lake Macquarie Bushwalkers Inc.

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

Yes  No I have a current first aid certificate (please tick Yes or No)

Yes  No I consent to my name and phone number(s) being available to other Club members (please tick Yes or No)

Yes  No I consent to my photograph being used in the Club's promotional materials (please tick Yes or No)

Yes  No I have completed and signed the Acknowledgement of Risks and Obligations of Members (known below as Acknowledgement of risk form) attached (please tick Yes or No).

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

#### How to finalise your membership application

Your membership is processed once your application, Acknowledgement of risk form and your membership fee is received.

1. Fill in this application form and the Acknowledgement of risk form
2. Direct Deposit or Bank Deposit/Transfer \$35.00
  - BSB: 641 800 (IMB Bank)
  - Account No: 200911395
  - Write your last name and 'Mmbrshp' in the description to identify your payment
3. Scan and save your application and Acknowledgement of risk form in PDF format and email it to [rose@first-strike.com.au](mailto:rose@first-strike.com.au)
4. If you can't print or scan the application or risk form, or if you can't direct deposit or deposit the membership fee, please contact the Treasurer at [rose@first-strike.com.au](mailto:rose@first-strike.com.au) for advice.

#### OFFICE USE ONLY

Date received:

Receipt Number:

### ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF MEMBERS

This acknowledgement of risks applies to all club activities I may undertake as a member of Lake Macquarie Bushwalkers Inc. (The Club). 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, medication, 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.

Name: \_\_\_\_\_

*please print name*

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

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