



# Lake Macquarie Bushwalkers Inc.

<http://www.lmbw.org.au>  
[lmbw.secretary@gmail.com](mailto:lmbw.secretary@gmail.com)

## MEMBERSHIP APPLICATION AND RISK WAIVER ACKNOWLEDGEMENT

I, \_\_\_\_\_ (full name) Date 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).

In voluntarily participating in the activities of this Club, I am aware that I am risking injury, illness and death and loss of or damage to my property. Typical risks may include but are not limited to hyperthermia, hypothermia, slipping on loose or icy surfaces, slipping on rocks, falling rocks, exposure, snake bite, bee stings and other insect attacks, burns, drownings, stepping into unseen holes, low hanging objects, trip hazards, accidents during vehicle travel to walks, navigation errors and becoming lost. To minimise risks I will:

- not attend a walk if I have any cold or flu symptoms, or I am feeling unwell;
- inform myself of the nature of the activity and ensure that it is within my capabilities;
- carry food, water, medication, clothing, and equipment appropriate for the activity;
- advise the leader of any physical or other limitation, or any dependence on medication, that may require urgent attention during the activity;
- make every effort to remain with the rest of the party during the activity;
- advise the leader if I have an injury during the walk, and/or if my injury causes me to later seek medical attention;
- advise the leader of any concerns I am having; and
- comply with all reasonable instructions of the leader.

I understand these risks and requirements.

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

### How to finalise your membership application

1. Fill in this application 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 renewal 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 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.

<b>OFFICE USE ONLY</b>	
Date received:	Receipt Number:

