



**Mackay Bushwalkers Club Inc**

**ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF MEMBERS**

This acknowledgement of risks applies to all club activities I may undertake as a member of *Mackay Bushwalkers Club 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 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.

\_\_\_\_\_  
Signature Date

(If applicant is under 18 years of age, parent or guardian must sign and also complete a separate Child Risk Waiver Form)

**MEDIA AUTHORISATION**

I permit  do not permit  Mackay Bushwalkers Club Inc. to use photographs/visual/video/audio recordings and any other reproductions or adaptations either complete or in part alone or in conjunction with any wording and/or drawings for all uses relating to training or publicity and/or editorial purposes. I understand that I do not have any interest in the copyright to the photographs/visual/video/audio recordings.

**Full name of applicant for membership (please print):**  
.....

**Date of birth:**.....

**Full name of parent or guardian if applicant is under 18 years of age:**  
.....

**Residential address:**  
.....

**Postal address if different:**  
.....

**Telephone:** ..... **Mobile:** .....

**E-mail address: (for club event notifications)**  
.....

**EMERGENCY CONTACT/S (name and phone number/s):**  
.....  
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**MEDICAL CONDITIONS**

List any medical conditions: (eg, asthma, allergies, epilepsy, heart condition)  
.....

**QUALIFICATIONS**

List first aid and/or other qualifications which are relevant to activities of the Club:

Qualification ..... Expiry Date

Qualification ..... Expiry Date

Application for  Day membership  Ordinary membership

**The Monthly Newsletter can be viewed on the MBC Website:**

<http://www.mackay.bwg.org.au>

Amount paid:.....Receipt #:.....Date:.....Member Card Given:.....