



**ST. AGNES BUSHWALKING & NATURAL HISTORY CLUB INC.**

10A BRICKNELL ST. MAGILL 5072

**MEMBERSHIP APPLICATION FORM**

**To be completed by anyone who wishes to join the Club.**

Family Name: \* \_\_\_\_\_ Given Names: \* \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

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

**Identify relevant health problems** e.g. heart, allergies, diabetes, epilepsy, arthritis etc, on medication

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|  |
|  |

**Details of person/persons to be contacted in the event of emergency /injury**

| Name | Address | Phone No. |
|------|---------|-----------|
|      |         |           |
|      |         |           |

Any other relevant information: \* \_\_\_\_\_

**Annual subscription is \$25. Deduct \$5.00 for each casual walker's fee that you have paid.**

Anyone who joins the Club after 1st October of any year remains financial for the whole of the following year.

You can pay in one of the following ways: Cash to a committee member; Cheque posted to Postal address; EFT.

Banking Details for EFT Savings & Loans Credit Union BSB No. 805-050 Account No. 02326512

Note: please attach reference to EFT transaction (your name) + M (M=code for membership)

**A receipt will be issued only if requested.**

**I AGREE TO ABIDE BY THE RULES AND REQUIREMENTS OF THE CLUB AND TO FOLLOW ALL REASONABLE DIRECTIONS ISSUED BY WALK LEADERS**

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



## ST. AGNES BUSHWALKING & NATURAL HISTORY CLUB INC.

### ACKNOWLEDGEMENT OF RISK FORM FOR MEMBERS

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*New members joining the club are to sign this acknowledgement of risk form and all members are to sign an acknowledgement of risk form at least once a year (preferably at the time of membership renewal)*

This acknowledgement of risks applies to all club activities I may undertake as a member of :

**The St Agnes Bushwalking & Natural History Club Inc (The Club).**

In voluntarily participating in activities of the Club which are described to me by the walk 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.

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 and that I will carry appropriate medication in case of need
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: \_\_\_\_\_