

WEA RAMBLERS SYDNEY

ATTENDANCE SHEET FOR MEMBERS ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS

NOTE: Visitors are to sign the separate form for Temporary Members ONLY

WALK: _____

DATE: _____ GRADE: _____ APPROX KMS: _____ LEADER: _____

In case of emergency, telephone 000

In voluntarily participating in the above activity, 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, drowning, stepping into unseen holes, accidents during vehicle travel to walks, navigation errors and becoming lost.

To minimise risks I will:

- inform myself of the nature of the activity and ensure that it is within my capabilities
- wear appropriate footwear and carry food, water, clothing and equipment appropriate for the particular walk
- advise the leader of any pre-existing conditions, physical or other limitations, 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 of any concerns I am having; and
- comply with all reasonable instructions of the leader.

In addition, I have read the current WEA Ramblers Sydney **COVID-19 protocols** information sheet and confirm that I am not required to self-isolate under current Government regulations.

I also agree to adhere to all the requirements outlined in the current WEA Ramblers Sydney **COVID-19 Walk protocols** information sheet.

I understand all of the above risks and requirements and give my agreement to them.

NAME (Please print)	SIGNATURE	*PHONE NUMBER (Mobile Preferred)	*EMERGENCY PHONE CONTACT
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*Optional, but recommended to assist communication

MEMBERS: PLEASE MAKE SURE YOU HAVE READ THE ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS ON THE 1ST PAGE OF THIS ATTENDANCE SHEET.

NAME (Please print)	SIGNATURE	*PHONE NUMBER (Mobile Preferred)	*EMERGENCY PHONE CONTACT
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*Optional, but recommended to assist communication

Walkers who leave before the completion of the walk should sign off below noting the time of departure.

NAME	SIGNATURE	TIME LEFT

PLEASE MAIL TO WALKS COORDINATOR, PO Box Q1687, Queen Victoria Building NSW 1230