

SOUTH GIPPSLAND WALKING & ADVENTURE CLUB



Membership Form 2018 – 2019

Renewal or New Application *(circle as applicable)*

Please insert appropriate Age Range and applicable fee(s) below:

Age Range: (under 19 years) (19 to 94 years) (over 94 years)

Fee: Adult - \$45 Full-time student/under 18 - \$25

Personal Information for Applicants living at the same address, including children

Name:	Age Range:	Fee
1		
2		
3		
4		

Total Fee Payable: _____

Postal Address: **Postcode:**

Phone (AH) **Phone (BH)** **Mobile:**

Email:

Experience and Expectations (optional for renewals)

Please indicate your level of experience in outdoor activities and any leadership qualifications you may have eg BMLC, STLC. Is there anything in particular you would like to achieve by joining the club?

.....

1st Aid Qualifications (if any) **Expiry Date:**

Activities

Please circle the activities you are prepared to take part in:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| Day Walks | Overnight Walks | Base Camps |
| Day cycles | Multi-day cycles | Cycle touring with panniers |
| Kayaking - day paddles | Kayaking – multi-day paddles | |
| Other (please detail) | | |

Please list any of the above activities you would be prepared to organize or lead:

.....

Payment Options: (fees are due for payment by 30th JUNE each year.)

1. Mail **cheque** to Treasurer, SGWAAC, PO Box 557, Leongatha, 3953 with your completed form
2. **Electronic Transfer** to: Bendigo Bank, BSB No: 633-108, Acc No: 111616660, and mail your form to PO Box 557, Leongatha 3953

Please complete and sign the Acknowledge of Risk Statement on page 2

Acknowledgement of Risk and Compliance

Please read the following and sign below:

I acknowledge that when I am participating in any activity of the South Gippsland Walking and Adventure Club I am doing so as a volunteer in all aspects and as such I accept all responsibility for loss of property or bodily injury to me, however it may occur.

I acknowledge that my participation in this activity may expose me to hazards and risk that could lead to injury, illness or death or to loss of or damage to my property. In particular, when participating in abseiling, caving or above the snowline activities I am aware that I may be exposed to additional hazards and risks.

I will make all reasonable effort to void or minimize these risks by:

- only participating in activities within my capabilities
- carrying and using food, water and equipment, including clothing and footwear, appropriate for the activity
- advising the leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity, and
- carrying a completed and up to date copy of the club's 'Participant's Emergency Contact and Medical Information' form.

I will support the Purposes of the Association

I agree to comply with the Rules of the Association

I understand that the payment of my Membership Frr will be deemed as full acceptance and understanding of the above.

Name (member 1)..... Signature: Date:

Name (member 2):Signature: Date:

Name (member 3):Signature: Date:

Name (Member 4): Signature: Date:

Please remember to send this form to:

**The Treasurer,
SGWAAC,
P O Box 557,
Leongatha, 3953**

regardless of how your fees have been paid