



Date	Outing DW TW BC SOC S&T	Grade
Leader	Phone	Mobile
Meet	Time	

Total Attendance
------------------

**With regard to the activity named above ...**

- I acknowledge that when participating in this activity 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 myself, however it may occur.
- I acknowledge that my participation in this activity may expose me to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. In particular when participating in abseiling or above the snowline activities I am aware that I may be exposed to additional hazards and risks.
- In an emergency situation, I agree to pay all expenses that may be incurred on my behalf.
- I agree that any contract arising from my participation will exclude any liability arising from the supply of goods and services by the club leader.

**To minimise these risks I have endeavoured to ensure that ...**

- This activity is within my capabilities.
- I am carrying food, water and equipment, including sturdy enclosed footwear, appropriate for the activity.
- I have advised the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity.
- I will undertake to follow all reasonable directions of the leader, and will make every effort to remain with the rest of the party during the activity and will advise the leader of any concerns I may be having.

**Before signing On ...**

- I have read and understand these requirements. I have acknowledged and considered the risks before choosing to sign this form. I still wish to join this activity. I accept that in signing this form I will take responsibility for my own actions.

Print Name	Sign On (participant, or guardian of child)	Phone	Mobile	Lift req? ✓	Enter Suburb	Indicate if <b>Visitor</b> or signing for a <b>Child</b> (give date of birth of child)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Print Name	Sign On (participant, or guardian of child)	Phone	Mobile	Lift req? ✓	Enter Suburb	Indicate if <b>Visitor</b> or signing for a <b>Child</b> (give date of birth of child)
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

**Travel Details:**

One-way driving distance from ..... km

Driving time: \_\_\_\_\_ hours one way

**Walk Notes:**

Map: \_\_\_\_\_

Road directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Access conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Walk Route details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Incidents: \_\_\_\_\_

\_\_\_\_\_

Download Incident Report Form: <http://fmrqld.bwq.org.au/form2510.pdf>