



NEW & RENEWAL MEMBERSHIP 2023 - 2024



This **New and Renewal Membership Form/Risk Waiver** must be completed **annually** when joining **or** renewing your membership and prior to participation in any activity within the Mudgee Bushwalking & Bike Riding Club Inc. Please complete all sections for membership to be valid. Once form is completed **forward this Membership/Risk Waiver form for each member & Fees to the club address:**

Mudgee Bushwalking & Bike Riding Club Inc, PO Box 1070 MUDGEES NSW 2850.

OR for payment electronically. **BSB: 062-577 A/C NO: 2800 0867**

A/C NAME: Mudgee Bushwalking Club Inc Please include surname & Initial as reference.

FEES: **NEW MEMBER(S):** **Joining Fee:** \$ 5 (one off payment) + ☐

+ **MEMBERSHIP:** \$20 per member adult (over 18 years) ☐

CURRENT FINANCIAL MEMBER(S): **Renewal Fee:** \$20 per member adult (over 18 years) ☐

JUNIOR MEMBERS (Under 18) living at the same address * \$1 per member. ☐

MEMBER APPLICATION DETAILS

Please indicate Amount Paid \$

SURNAME: FIRST NAME:

ADDRESS:

POSTAL ADDRESS:

TELEPHONE: (Home) (Mobile)

EMAIL ADDRESS: Date of Birth:

JUNIOR MEMBER: please PROVIDE NAME(s) and DATE OF BIRTH OF JUNIOR MEMBER- UNDER 18.

*(Must be accompanied by an adult on all activities).

Name: **Date of Birth:**

IN CASE OF EMERGENCY: Please supply a contact name and phone number (*Other than your own*)

NAME: **CONTACT NO:**

CONTACT PERSONS RELATIONSHIP TO MEMBER:

Notices and activity programs will be sent to you by email unless you direct otherwise.

If no email address is provided Notices and activity programs will be sent to your postal address.

Do you have a current First Aid Certificate: ☐ No ☐ Yes – **Date of expiry**

Please ensure you have signed the risk waiver for membership to be valid.

IT IS ADVISED THAT ALL MEMBERS SHOULD HAVE THEIR OWN CURRENT AMBULANCE COVER.

CLUB USE ONLY

Waiver signed ☐ Club Receipt No: Date: Member No:



RISK WAIVER – 2023 - 2024



In voluntarily participating in any activity of the **Mudgee Bushwalking & Bike Riding Club Inc**, I am aware that my participation in the activity may expose me to risks that could lead to injury, illness, disability, permanent disability or death, or loss or damage to my property.

Those risks may include, but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops elsewhere, snake or spider or other insect bites, risks associated with crossing creeks, hypothermia and heat exhaustion, or other such risks as may be reasonably expected in participating in outdoor activities of this nature, I acknowledge that I have been advised of those risks and to the fullest extent permitted by law I have voluntarily assumed those risks. All participants in bike riding activities are to adhere to the road rules and wear protective headwear and be aware of the associated risks when cycling.

To minimise those risks I will endeavour to ensure that any activity in which I participate is within my capabilities and that I am carrying food, water and equipment appropriate for the activity. I agree to advise the activity leader if I am taking any medication or have any physical or other limitations that might affect my participation in the activity.

I acknowledge the Club has personal accident insurance for members and I agree that if I suffer any injury during a Club activity, I will notify the activity leader and complete an injury report form so the insurer can be notified of a possible claim.

I will make every effort to remain with the rest of the party during Club activities and will accept the instruction of the leader of the activity. I have heard (verbal), read and understood these requirements. I have considered the risks before choosing to sign this form. I still wish to participate in the activities of the Club.

I agree, by signing this form, to waive any claim for damages arising from any activity that I may have against the activity leader, the Club and other participants in tort or contract to the fullest extent permitted by law. This waiver is binding on my Estate.

Signed:

Print Name: Date: