



HILL VIEW BUSHWALKERS Inc.
MEMBERSHIP APPLICATION

In voluntarily participating in any activity of HILL VIEW BUSHWALKERS Inc. (The 'Club') I am aware that this may expose me to hazards and risks that could lead to injury, illness or death or to loss of 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 or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion.

To minimise these risks:

- I will endeavour to ensure that any activity in which I participate is within my capabilities and that I am carrying food, water, a personal first aid kit 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 will make every effort to remain with the rest of the party during the activity and will accept the instructions of the leader of the activity.

I understand that in the event of my reaching the age of eighty five (85) years, I may continue to be a member of HILL VIEW BUSHWALKERS Inc. but I acknowledge that between the ages of eighty five (85) and ninety five (95) years, I will only have very limited insurance cover which the insurer may cancel at any time.

I have read, or heard, and understand these requirements. I have considered the risks before choosing to sign this form. I still wish to participate in the activities of HILL VIEW BUSHWALKERS Inc. I agree by signing this form to waive any claim for damages arising from this activity that I may have against the club, the leader or other participants in tort or contract.

I agree to be bound by the Rules of the Club, a copy of which is available from the Secretary.

Applicant name (print):

Address:
..... Postcode;

Telephone. Home: Mobile:

Email:

Emergency contact: Name: Telephone:

I confirm I have walked as a visitor three (3) times over a 26 week period and hereby apply for membership of Hill View Bushwalkers Inc. I am including the current subscription fee.

Applicant's signature..... Date.....

Nominated by: (Print name and sign)

Seconded by: (Print name and sign)

HILL VIEW BUSHWALKERS Inc.

HVB Committee Use only:

The membership application from

was considered by a quorum of the Committee on(date)

The applicant has satisfactorily completed the following three (3) walks:

Walk 1: Date:

Walk 2: Date:

Walk 3: Date:

The application was: **Approved**
 Not approved
 (strike out one option)

Signed by:

Name 1 Signature

Name 2 Signature

Name 3 Signature

Name 4 Signature

Office Use only:

HVB subscription payment received: Date Receipt No

HVB membership list updated: Date

HVB email circulation list updated: Date

HVB Welcome letter sent: Date

HVB Name badge supplied: Temporary Date

 Permanent Date

To promote health and pleasure through walking as a group