

BANKSTOWN BUSHWALKING CLUB INC. - ACTIVITY REGISTER

Activity: _____ **Activity Grade:** _____ **Activity Date:** _____
Leader: _____ **Trip plan held by*:** _____

Instructions:**All activities**

The completed form should be emailed to _____ as soon as possible after the activity, unless it has already been sent. Visitors **MUST** sign prior to the start of the activity.

If any incidents or injuries occur, record the details on the reverse of this form prior to sending. If the form has already been sent email details of the incident to bankstownbushwalks@gmail.com.

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, drownings, stepping into unseen holes, accidents during vehicle travel to and from activities, 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;
- carry food, water, medication, clothing and equipment appropriate for the activity;
- comply with all applicable government COVID safe requirements;
- advise the leader of any physical or other limitation, or any dependence on medication, that may require urgent attention during the activity;
- where I am the accompanying adult for a child, ensure the child is adequately supervised;
- 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.

I understand these risks and requirements.

	Name		Visitors please tick	Rego No.	Mobile Number	Emergency Contact	
	Print	Signature**		Car you will be travelling to the activity start in.		Name	Phone number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

** To be signed by the accompanying adult where the activity participant is a child under 18 years of age.

I understand the risks and requirements documented on the front of this form.

	Name		Visitors please tick	Rego No.	Mobile Number	Emergency Contact	
	Print	Signature**		Car you will be travelling to the activity start in.		Name	Phone number
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Notable incidents and / or injuries on the activity

Record details of the incident and any action taken including follow up actions and the involvement of emergency services in the space below.

Report prepared by:

Signature:

Date: