



Leader _____ Activity date _____

Activity name _____ Activity grade _____

In voluntarily participating in the above activity of **Coffs Hikers Inc**, I am aware that I am risking injury, illness and death and loss 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 walks, 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
- advise the leader of any physical or other limitation, or any dependence on medication, that may require urgent attention during the activity
- make every effort to remain with the rest of the party during the activity
- advise the leader of any concerns that I am having and
- comply with all reasonable instructions of the leader.

I have understand these risks and requirements. If a temporary member, in signing this form I acknowledge that I have been granted a temporary membership of Coffs Hikers Inc.

	Your Name	Signature	Your Mobile	Member M or Temporary T	Emergency Contact name and phone
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Leaders: Please scan or photograph and email the Activity Sign On form to activity@coffshikers.org within 30 days of the activity.