COFFS HIKERS

Acknowledgement of Risk and Obligations

Activity name _____ Activity grade _____

Leader(s) _____ Activity Date _____

In voluntarily participating in the above activity of Coffs Hikers Inc, I am aware that this may expose me to hazards and risks that could lead to injury, illness or death, or to loss or damage to my property. I also acknowledge that I may encounter weather conditions that could lead to hypothermia and being in locations where evacuation for medical treatment may take hours or days. In particular, when participating in abseiling or above the snowline activities, I am aware that these activities expose me to additional hazards and risks described to me by the activity leader.

To minimise risks I will endeavour to ensure that :

- The activity is within my capabilities
- I am carrying food, water and equipment appropriate for the activity
- I will advise the activity leader of any physical or other limitation, or any medication I am taking or may need to take, or allergy that may require urgent attention during the activity
- I will make every effort to remain with the rest of the party during the activity
- I will advise the leader of any concerns that I am having, and
- I will comply with all reasonable instructions of club officers and the activity leader.

I have read understand these requirements. I have considered the risks before choosing to sign this acknowledgement of risk. I still wish to join this activity. I accept that in signing this form I will take responsibility for my own actions. If a visitor, I acknowledge that I have been granted temporary membership of Coffs Hikers Inc for the duration of this activity only.

	Name	Signature	Mobile	M, Trial, Visitor	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 7 days of the activity.