

WANGARATTA OUT AND ABOUT Inc

Membership Renewal/Application - 2011/2012

Name of Principal Member: _____

Address: _____

Postcode: _____ **Phone:** _____ **Mobile** _____

e-mail address _____

Membership Fees & Insurance

| | |
|---|---|
| Single member | \$35 (\$25 for half year membership) |
| Family membership | \$55 (\$45 half year family membership) |
| Members of other clubs affiliated with Bushwalking Victoria | \$15 |

Please list names of all family members to be included in Wangaratta Out & About membership.

Payment: Please find enclosed \$ _____ – cheques made payable to Wangaratta Out and About Inc.

Areas of Interest: (please circle all options in which you are interested)

Family Bushwalking
Recreational Cycling
Ski Touring

Day Bushwalking
Mountain bike riding
Canoeing

Overnight Bushwalking
Cycle Touring
Birdwatching

Leadership: Are you willing to lead/co-lead any of the outdoor activities? **Yes No Maybe**

With further experience would you consider leading/co-leading activities? **Yes No Maybe**

Acknowledgement of Risk

In voluntarily participating in an activity of this Club, I am aware that my participation in this activity may expose me to risks that could lead to injury, illness or death or to loss of or damage to my property. Those risks include, but are not limited to, slippery and/or uneven rocks, rocks being dislodged, cliffs, exposure to weather and while out conditions, falling and hypothermia.

To minimize these risks I have endeavoured to ensure that

- (1) This activity is within my capabilities.
- (2) I am carrying food, water and equipment appropriate for the activity.
- (3) I have advised the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity.
- (4) I will make every effort to remain with the rest of the party during the activity and accept the instructions of the leader of the activity.

I have read and 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.

Signed: _____ **Date:** _____

Please return to:

The Treasurer
Wangaratta Out & About
PO Box 825
Wangaratta, 3676

Current Group Contacts:

| | | |
|-------------|------------------|-----------|
| President: | Michael Edwardes | 5721 4007 |
| Secretary: | Renata Lewis | 5721 9336 |
| Treasurer: | Murray Shaw | 5721 3730 |
| Activities: | Steve Shearer | 5721 9312 |