



MELBOURNE WALKING CLUB INC.
(Reg. No. A657P)

Activity

Venue

Leader Day Date .../.../.....

ATTENDANCE AND ACKNOWLEDGMENT OF RISKS AND OBLIGATIONS

I affirm and declare that I am fully vaccinated against COVID-19.

In participating in this activity of the MWC, I am aware that this may expose me to risks that could lead to injury, illness or death or to loss of or damage to my property.

To minimise 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; and
3. I have advised the activity Leader if I am currently taking any medication or have any physical or other limitation 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 agree to follow the direction of the Leader appointed by the MWC.

I agree that if I bring to a Club Activity, a child under the age of 18 years old I will be solely responsible for that child.

I understand and accept all of the risks associated with this activity, and hereby release the MWC, the Leader, the executive and members, servants and agents of the MWC from all liability, however arising, from my participation in this activity.

	Name (Print)	Signature
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	Name (Print)	Signature
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31.		
32.		

Number of Members	Number of Visitors	TOTAL
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LEADER'S SIGNATURE



MELBOURNE WALKING CLUB INC.
(Reg. No. A657P)

TEMPORARY MEMBERSHIP
(in accordance with the Club Constitution)

ACKNOWLEDGMENT OF RISKS AND OBLIGATIONS OF TEMPORARY MEMBERS

Activity **Leader** **Date**

I affirm and declare that I am fully vaccinated against COVID-19.

I acknowledge and accept the offer of temporary membership of the MWC for the above activity.

I acknowledge and agree that I become a temporary member of the MWC, only for the duration of this activity, in accordance with the Constitution and bylaws of the MWC and agree to be bound by the Constitution, bylaws and direction of the Leader appointed by MWC.

In participating in this activity of the MWC, I am aware that this may expose me to risks that could lead to injury, illness or death or to loss of or damage to my property. To minimise 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; and
3. I have advised the activity Leader if I am currently taking any medication or have any physical or other limitation 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 agree to follow the direction of the Leader appointed by the MWC.

I understand and accept all of the risks associated with this activity, and hereby release the MWC, the Leader, the executive and members, servants and agents of the MWC from all liability, however arising, from my participation in this activity.

	Name (<u>Print</u>)	Address	Signature	Email address	Are you interested in becoming a member?
1.					
2.					
3.					
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11.					