

# ACTIVITY ATTENDANCE SHEET

**Walk/activity Leaders:** For insurance cover, this attendance sheet must be completed before the activity starts, and returned to the Club Secretary after the activity ends. If any accident/injury occurs during the activity, an Incident Report Form must also be completed and returned.

<b>ACTIVITY:</b>	<b>LEADER:</b>	<b>DATE:</b>
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**Attendance record – adult Club members only.**

Attendee name (please print)	Contact number of attendee (mobile preferred)	Number to contact if attendee is injured (or 000)

## Instructions for Parents/Guardians of participating children:

As children cannot sign forms, a parent/guardian must do so on their behalf. Please complete the child's details in the space below, sign and date, and return a copy of the signed form to the walk leader, prior to commencement of the walk, and by the manner requested by the walk leader, e.g. MMS or scan and email.

Activity ..... on ...../..... /202...

I, as the parent/guardian, accept full responsibility for any injuries, damage, or loss that the child (under 18) may suffer as a result of participating in the activity. I am aware I must provide the child's name and date of birth below, and indicate connection between us by writing "Signing on behalf of (Child)....." in the Signature column, and signing it.

Child's Name & Date of Birth	Signature of Child's Parent/Guardian	Date
	Signing on behalf of .....	
	Signing on behalf of .....	
	Signing on behalf of .....	

**Instructions for non-members:**

To comply with covid-19 regulations, please complete your details in the space below, sign and date, and return a copy of the signed form to the walk leader, prior to commencement of the walk, and by the manner requested by the walk leader, e.g. MMS or scan and email. (Note: the "Contact Number (emergency only)" requested should be for a person, e.g. next of kin, not on the walk with you.)

Activity ..... on ...../...../.202...

**Acknowledgement of Risks and Obligations by non-member participants.**

In voluntarily participating in the above activity with Capricornia Bushwalkers Inc., I am aware that my participation in this activity may expose me to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. In particular when participating in abseiling or above the snowline activities I am aware that these activities expose me to additional hazards and risks.

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.

I will make every effort to remain with the rest of the party during the activity, advise the leader of any concerns I am having and accept all reasonable instructions of the leader of this 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.**

Non-members may participate in only three (3) club activities.

Full Name (please print)	Phone Number	Email Address	Contact Number (emergency only)

Signature: ..... Date: ...../...../.202...

Full Name (please print)	Phone Number	Email Address	Contact Number (emergency only)

Signature: ..... Date: ...../...../.202...

Full Name (please print)	Phone Number	Email Address	Contact Number (emergency only)

Signature: ..... Date: ...../...../.202...