

# NATIONAL PARKS ASSOCIATION OF THE ACT - ATTENDANCE RECORD AND RISK WAIVER FORM

Activity: ..... Leader: ..... Date: .....

Grade: ..... Distance: ..... Height gain: ..... Terrain: .....

Special Hazards: .....

Cost per car: .....

**Please read carefully:** In voluntarily participating in this activity, I am aware that I could be exposed to risks that could lead to injury, illness or death, or to loss of or damage to my property. Typical risks could include but are not limited to: hyperthermia or heat exhaustion, hypothermia, slippery loose or icy surfaces or rocks, falling rocks, exposure, snake bite, bee stings and other insect attacks, burns, drownings, stepping into unseen holes, accidents during vehicle travel to the activity, navigation errors, becoming lost, falls from cliffs or elsewhere, risks associated with crossing creeks, and risks associated with any of the Special Hazards listed above.

To minimize these risks: I have informed myself of the nature of the activity and have endeavoured to ensure that this activity is within my capabilities. I am carrying: food, water, medication, clothing including footwear and equipment appropriate for this activity. I have advised the leader of any physical or other limitation, or any dependence on medication, that could require urgent attention during activity and do not believe that any medication or other limitation will prevent me from completing this activity. I will make every effort to remain with the rest of the party during the activity, keep the leader informed of any concerns I am having and will comply with all reasonable instructions of the leader.

I have read or heard and understand these risks and requirements before choosing to sign this Attendance Record and Risk Waiver Form. I agree by signing this form to waiver any claim for damages arising from this activity that I may have against the club, the leader or any other participants in tort or contract.

*It is recommended that all participants have Private Health Insurance or, at least, Ambulance Cover in case of accident requiring evacuation by ambulance or helicopter.*

	Name	Signature	Emergency Contact / Phone No.	Car Registration	Member Y/N #
Leader					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

# Visitors may only walk three times with the NPA before they are expected to join.

# NATIONAL PARKS ASSOCIATION OF THE ACT - ATTENDANCE RECORD AND RISK WAIVER FORM

**Activity:** ..... **Leader:** ..... **Date:** .....

**Grade:** ..... **Distance:** ..... **Height gain:** ..... **Terrain:** .....

**Special Hazards:** .....

**Cost per car:** .....

**Please read carefully:** In voluntarily participating in this activity, I am aware that I could be exposed to hazards that could lead to risk of injury, illness or death, or to loss of or damage to my property. Typical risks and hazards include but are not limited to: hyperthermia or heat exhaustion, hypothermia, slippery loose or icy surfaces or rocks, falling rocks, exposure, snake bite, bee stings and other insect attacks, burns, drownings, stepping into unseen holes, accidents during vehicle travel to the activity, navigation errors, becoming lost, falls from cliffs or elsewhere, risks associated with crossing creeks, and risks associated with any of the Special Hazards listed above.

To minimize these risks: I have informed myself of the nature of the activity and have endeavoured to ensure that this activity is within my capabilities. I am carrying: food, water, medication, clothing including footwear and equipment appropriate for this activity. I have advised the leader of any physical or other limitation, or any dependence on medication, that could require urgent attention during the activity and do not believe that any medication or other limitation will prevent me from completing this activity. I will make every effort to remain with the rest of the party during the activity, keep the leader informed of any concerns I am having and will comply with all reasonable instructions of the leader.

I have read or heard and understand these risks and requirements before choosing to sign this Attendance Record and Risk Waiver Form. I agree by signing this form to waiver any claim for damages arising from this activity that I may have against the club, the leader or any other participants in tort or contract.

*It is recommended that all participants have Private Health Insurance or, at least, Ambulance Cover in case of accident requiring evacuation by ambulance or helicopter.*

	Name	Signature	Emergency Contact / Phone No.	Car Registration	Member Y/N #
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

# Visitors may only walk three times with the NPA before they are expected to join.