



Ben Cruachan Walking Club Inc.

DUAL MEMBERSHIP APPLICATION 2023/2024

I am a Current Member of BWV Affiliated Club

Name:

Address:

Email:

Telephone: Date:

Joining Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Single	\$20	\$18	\$16	\$14	\$12	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Family	\$30	\$28	\$26	\$24	\$22	\$20	\$18	\$16	\$14	\$12	\$10	\$10

Payment: \$ amount for joining month, by cheque or money order with this form to PO Box 70 Maffra 3860 **Or** direct deposit to BSB 013713 Acct 278934713, with your *Name* as reference **and** post or email this form to memsebcwc@gmail.com

Acknowledgement of Risks & Obligations*

When participating in activities of the Ben Cruachan Walking Club, I am aware that my participation may expose me to hazards and risks that could lead to injury, illness or death, or to loss of 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.

To minimise risks, I will:

- endeavour to ensure that each activity is within my capabilities.
- carry food, water and equipment appropriate for the activity.
- advise 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.
- I will advise the leader of any concerns I am having.
- I will comply with all reasonable instructions of club officers and the activity leader.

I have read and understood the above requirements. I have considered the risks before choosing to sign this Acknowledgement of Risk. I still wish to join the activities of the Club. I will take responsibility for my own actions and accept that signing this form will be deemed as full acceptance and understanding of the above conditions.

Name:..... Age:..... Signature:.....

Name:..... Age:..... Signature:.....

Name:..... Age:..... Signature:.....

Name:..... Age:..... Signature:.....

***For insurance cover, all members must give their age and sign, including partners and children for a Family Membership. Parent/Guardian should sign for children.**

PHOTOGRAPHS: *It is quite common for photographs of walkers to be taken and possibly published later in the club Newsletter, Facebook page and website or in newspaper publicity. If you do not wish to have your photograph taken, you should advise the photographer(s). If a group photograph is being taken, you can choose not to be there for the photograph.*