

## Ben Cruachan Walking Club Inc.

## MEMBERSHIP RENEWAL

Name:			
Address:			
Email:			
Telephone:		Date:	
Membership	Type:	Single \$48 or Family \$60	(Please circle)
_	By cheque or money order with this form to PO Box 70 Maffra 3860 Or direct deposit to BSB 013713 Acct 278934713, with your <i>Name</i> as reference and post or email this form to memsecbcwc@gmail.com		
Acknowled	lgement of	f Risks & Obligations*	
hazards and ı I acknowledge	risks that cou e that I may e	Ild lead to injury, illness or death, o	nchan Walking Club may expose me to or to loss of or damage to my property could lead to hypothermia and being in nours or days.
2. cai 3. ad lim 4. ma 5. ad	deavour to e rry food, wate vise the activitation that make every effectives	nsure that each activity is within m er and equipment appropriate for tl	he activity. dication or have any physical or other activity. arty during the activity.
sign this Ackn	owledgemer actions and	nt of Risk. I still wish to join the activi accept that signing this form wil	considered the risks before choosing to ities of the Club. I will take responsibility I be deemed as full acceptance and
Name:		Age: Signa	ature:
Name:		Age: Signa	ature:

• 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.

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

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

**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.