

SUTHERLAND BUSHWALKING CLUB INC (SBC)

ACTIVITY ORGANISER'S TRIP REPORT



This report *must* be completed and returned to SBC as soon as possible after activity.

(Please mail to Club Secretary, PO Box 250, Sutherland NSW 1499)

Activity Organiser:

Activity Description:

Full route details:

Date:

Post Trip Incident Report :

Date and Incident Description	Injured Person's Name and Signature	Activity Organiser's Signature	Witness's Name and Signature

Please give details of incidents and action taken.

Visitor Name (Adult Visitors only)

Address

ACTIVITY ORGANISERS MUST ENSURE THAT ALL PARTICIPANTS SIGN THE ATTENDANCE AND RISK WAIVER FORM ON THE REVERSE SIDE OF THIS PAGE.

RISK WAIVER TO BE SIGNED BY ALL AS A CONDITION FOR PARTICIPATING IN THIS ACTIVITY

I am voluntarily participating in _____ on ____/____/____, an activity of Sutherland Bushwalking Club, which has been described to me by the Activity Organiser, I am aware that my participation in this Activity may expose me to risk that could lead to injury, illness or death or to loss of or damage to my property. Those risks include but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion
(activity organiser to insert any known additional risks)

To minimize these risks I have endeavoured to ensure that :

- This activity is within my capabilities and I am carrying food, water, equipment and am wearing clothing and footwear appropriate for this activity
- I have advised the activity organiser if I am taking any medication or have any physical or other limitation that might affect my participation in the activity. I do not believe that my medication or limitations will prevent me from successfully completing this activity
- I will make every effort to remain with the rest of the party during the activity and accept the instructions of the activity organiser.

I have read or heard and understand these requirements; I have considered the risks before choosing to sign this Risk Waiver form. I still wish to join the activity. I agree by signing this form, to waive any claim for damages arising from this activity that I may have against the club, the activity organiser or other participants.

If a child/children is/are participating, the Adult Responsible for the child/children is to sign on their behalf. A Childrens Activity Risk Waiver form is also to be completed and attached to this Risk Waiver.

If this box is crossed, this activity is considered to be a **'dangerous recreational activity'** and consequently is not covered by Sutherland Bushwalking Club's insurance policy.

FULL ATTENDANCE LIST

ALL PARTICIPANTS TO COMPLETE AND SIGN THIS WAIVER, VISITORS TO ALSO SUPPLY THEIR ADDRESS

	Name	Signature	Visitor to Tick	Home Phone	Mobile Phone	Emergency Contact Phone	Emergency Contact Name	Car Rego
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