

**BUNDABERG BUSHWALKING CLUB**

PO Box 27 BUNDABERG 4670

[www.bundabergbushwalkers.com.au](http://www.bundabergbushwalkers.com.au)

[info@bundabergbushwalkers.com](mailto:info@bundabergbushwalkers.com)



**Membership Application & Renewal**

**Applicant's Details**

Given Name: ..... Family Name .....

Address: .....

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Date of Birth: ..... Gender .....

Email .....

Telephone: Home: ..... Mobile .....

First Aid Certificate: Do you have a current First Aid Certificate? ..... Expiry date: .....

**Emergency Contact Details**

Given Name: ..... Family Name: .....

Relationship to you: .....

Contact Details:

Telephone: Home: ..... Mobile: .....

**Applicant's Medical Condition**

Do you suffer from any of the following conditions listed below?

Please note that these details are kept confidential and are required for your safety

Bronchitis ..... High Blood Pressure .....

Asthma/ Hay Fever ..... Epilepsy .....

Coronary Heart Disease ..... Back pain &/or injury .....

Diabetes ..... Allergies (listed below) .....

Emphysema ..... Other medical condition .....

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If you answered yes to any of the above please provide further details: (list medications)

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Allergy list .....

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The medical information above is required so that trip leaders are aware of potential medical deterioration during a Bushwalking trip. It is not used to preclude people from a walk unless the trip leader considers it poses a risk to your health.

**CONSENT:** In the event of an accident or illness (real or apparent) during a club activity, I authorize the activity leader or other responsible persons to obtain for me, on my behalf, any medical assistance or treatment that is considered appropriate or necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**ACCESS & USE OF IMAGES & NAME**

I hereby give the Bundaberg Bushwalking Club permission to display publicly my name/image on its website, in newsletters or media

I approve the use of my name and image for the above purposes .....

**RISK WARNING & LIABILITY EXCLUSION**

I acknowledge that the recreational activities conducted by the Bundaberg Bushwalking Club (referred to as the Club) involve risk of personal harm or injury. I agree that participation in recreational activities conducted by the Club is ENTIRELY AT MY OWN RISK and agree that no liability can be accepted by the Club or its agents for any injury, loss or damage suffered whilst participating in the Club's activities.

**Conditions of Membership**

I agree to inform the walk leader if I am taking medications or suffering from any condition that may affect my participation on the relevant Club activity.

I apply for membership of the Bundaberg Bushwalking Club and request that my name be entered on the register of members. I agree to be bound by the Conditions of Membership in this application and be bound by the Bundaberg Bushwalking Club Constitution and policies contained in the Members Handbook.

I acknowledge that I have read the RISK WARNING contained in these conditions.

Membership Fees Attached: **Paid on** ..... **Receipt No.** .....

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_