**Bankstown Bushwalking Club Inc. - Activity Register**

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| **Activity:** |  | **Activity Grade:** | **Activity Date:** |
| **Leader:** |  | **Trip plan held by\*:** |  |

**Instructions:**

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| **All activities**  The completed form should emailed to  as soon as possible after the activity, unless it has already been sent. Visitors **MUST** sign prior to the start of the activity.  If any incidents or injuries occur, record the details on the reverse of this form prior to sending. If the form has already been sent email details of the incident to [bankstownbushwalks@gmail.com](mailto:bankstownbushwalks@gmail.com). | **Activities outside of urban areas only**  \* Insert name and contact number of person who can be contacted in order to provide emergency services with a detailed trip plan in the event of an overdue party.  Email the completed activity register including emergency contact information to [bankstownbushwalks@gmail.com](mailto:bankstownbushwalks@gmail.com) **prior to** the start of the activity. |

In voluntarily participating in the above activity, I am aware that I am risking injury, illness and death, and loss of or damage to my property. Typical risks may include, but are not limited to hyperthermia, hypothermia, slipping on loose or icy surfaces, slipping on rocks, falling rocks, exposure, snake bite, bee stings and other insect attacks, burns, drownings, stepping into unseen holes, accidents during vehicle travel to and from activities, navigation errors and becoming lost.

To minimise risks I will:

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| * inform myself of the nature of the activity and ensure that it is within my capabilities; * carry food, water, medication, clothing and equipment appropriate for the activity; * comply with all applicable government COVID safe requirements; * advise the leader of any physical or other limitation, or any dependence on medication, that may require urgent attention during the activity; | * where I am the accompanying adult for a child, ensure the child is adequately supervised; * make every effort to remain with the rest of the party during the activity; * advise the leader of any concerns I am having; and * comply with all reasonable instructions of the leader. |

I understand these risks and requirements.

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|  | **Name** | | **Visitors please tick** | **Rego No.** | **Mobile**  **Number** | **Emergency Contact** | |
| Print | Signature\*\* | Car you will be travelling to the activity start in. | Name | Phone number |
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I understand the risks and requirements documented on the front of this form.

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|  | **Name** | | **Visitors please tick** | **Rego No.** | **Mobile**  **Number** | **Emergency Contact** | |
| Print | Signature\*\* | Car you will be travelling to the activity start in. | Name | Phone number |
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**Notable incidents and / or injuries on the activity**

*Record details of the incident and any action taken including follow up actions and the involvement of emergency services in the space below.*

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| **Report prepared by:** |  | **Signature:** | **Date:** |