

SUTHERLAND BUSHWALKING CLUB INC (SBC)

LEADER'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)

Leader:

Trip Description:

Full route details:

Date:

Post Trip Incident Report :

Date and Incident Description

Injured Person's Name and Signature

Leader's Signature

Witness's Name and Signature

Please give details of incidents and action taken.

Visitor Name

Visitor Address

LEADERS 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 Leader, 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
(leader 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 leader 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 leader of the activity.

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 leader or other participants.

If this box is crossed, this activity is considered to be a **'dangerous recreational activity'** as defined in the *Civil Liability Amendment (Personal Responsibility) Act, 2002 (NSW)*, and **is consequently not covered by SBC's insurance policy.** This provision applies to recreational activities that involve a significant risk of physical harm (some examples are caving, white-water canoeing and rock climbing)

FULL ATTENDANCE LIST

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

	Name	Signature	Visitor Y/N	Home Phone	Mobile Phone	Emergency Contact Phone	Emergency Contact Name	Car Rego
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