



**HILL VIEW BUSHWALKERS Inc.
FIRST TIME VISITOR FORM**

After a visitor has walked three (3) times over a 26 week period and wishes to continue to walk with HVB, the visitor must apply for membership.

Casual visitors, walking at the invitation of a member, do not need to complete this form, but need only sign the standard 'sign-on' form.

In voluntarily participating in any activity of HILL VIEW BUSHWALKERS Inc. (The 'Club') I am aware that this may expose me to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. Those risks may 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.

To minimise these risks:

- I will endeavour to ensure that any activity in which I participate is within my capabilities and that I am carrying food, water and equipment appropriate for the activity.
- I agree to advise the activity leader if I am taking any medication or have any physical or other limitations that might affect my participation in the activity.
- I will make every effort to remain with the rest of the party during the activity and will accept the instructions of the leader of the activity.

I understand that should I be over the age of eighty five (85) years or reach the age of eighty five (85) years during my status as a visitor, I may continue as a visitor of HILL VIEW BUSHWALKERS Inc. but I acknowledge that between the ages of eighty five (85) and ninety five (95) years, I will only have very limited insurance cover which the insurer may cancel at any time.

I have read, or heard, and understand these requirements. I have considered the risks before choosing to sign this form. I still wish to participate in the activities of HILL VIEW BUSHWALKERS Inc. 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 in tort or contract.

I agree to be bound by the HVB Constitution Membership rules, a copy of which is available from the Secretary.

Visitor name (print):

Address:

..... Postcode:

Telephone. Home: Mobile:

Email:

Emergency contact. Name: Telephone:

How did you find out about HVB? Word of Mouth Social Media Internet Flyers

Signature: Date:

➔ Please give the completed Visitor Form to one of the walk leaders.

To promote health and pleasure through walking as a group