

**Toowoomba Bushwalkers Inc
WALK REGISTER**

NAME OF WALK: _____ **DATE:** _____

WALK LEADER/S: _____

	NAME	EMERGENCY PHONE	MEMBER Y/N *	SIGN OUT**	SIGN BACK
1					
2					
3					
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Acknowledgment of Risks and Obligations

**When signing I acknowledge that I am fully aware that my involvement in club activities may expose me to risks and dangers such that I could suffer injury, illness or death or the loss of or damage to my property. I warrant that I will advise the Activity leader where medication, a medical condition or any physical or other limitations might adversely affect my ability to safely participate in the Activity, or has the potential to place the health and safety of myself or others at risk. I agree to abide by the Club's decision on my ability to participate in a club activity.

***If a Visitor CHECK** **a) the waiver has been signed, b) walk capabilities, c) any health issues**