



Activity Attendance

Activity Name	Activity Date
Activity Leader	PLB Required <input type="checkbox"/> Yes – passed onto _____ <input type="checkbox"/> No

	Name	Emergency Contact Number	Member ? Y/N ①	Started Activity (signature) ②	Finished Activity (signature)
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Acknowledgement of Risks and Obligations

1. If a non-member
 - a. Ensure waiver had been signed
 - b. Walk capabilities discussed
 - c. Any relevant health issues discussed
2. 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, death or the loss and/or damage to my property. I warrant that I will advise the Activity Leader where medication, a medical condition, any physical and/or other limitation that may 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 Clubs’ decision on my ability to participate in the Club activity.