

BUNDABERG BUSHWALKING CLUB

PO Box 696 BUNDABERG 4670

www.bundabergbushwalkers.com.au

info@bundabergbushwalkers.com



Membership Application

Applicant's Details

Given Name: _____ Family Name: _____

Address: _____

Date of Birth: _____ Gender ☐ Male ☐ Female

Email: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Emergency Contact Details

Given Name: _____ Family Name: _____

Relationship to you: _____

Contact Details:

Telephone: Home: _____ Mobile: _____

Acknowledgement Of Risks and Obligations of Members

This acknowledgement of risks applies to all club activities I may undertake as a member of *Bundaberg Bushwalking Club (The Club)*. In participating in activities of the Club which are described to me by the activity leaders I am aware that my participation in the activities may expose me to hazards and risks that could lead to injury, illness, or death or to loss of or damage to my property. I also acknowledge that I may encounter weather conditions that could lead to hypothermia and being in locations where evacuation for medical treatment may take hours or days.

In particular, when participating in abseiling or above the snowline activities I am aware that these activities could expose me to additional hazards and risks described to me by the activity leader.

To minimise risks I will endeavour to ensure that:

1. Each activity is within my capabilities
2. I am carrying food, water, medication, and equipment appropriate for the activity
3. I will advise the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity
4. I will make every effort to remain with the rest of the party during the activity

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5. I will advise the leader of any concerns I am having, and
6. I will comply with all reasonable instructions of club officers and the activity leader.

I have read and understand the above requirements. I have considered the risks before choosing to sign this acknowledgement of risk. I still wish to join the activities of the Club. I acknowledge that I will take responsibility for my own actions and that signing this form and the payment of my subscription will be deemed as full acceptance and understanding of the above conditions.

Conditions of Membership

I agree to inform the walk leader if I am taking medications or suffering from any condition that may affect my participation on the relevant Club activity.

I apply for membership of the Bundaberg Bushwalking Club and request that my name be entered on the register of members. I agree to be bound by the Bundaberg Bushwalking Club Constitution and policies contained in the Members Handbook.

Applicant's Signature: _____ Date: _____

For a child under the age of 18.

Child's Name: _____ Date: _____

I as parent/guardian of the above person I apply for membership of the Bundaberg Bushwalking Club on his/her behalf. I agree that the Conditions of Membership in this application shall apply to such membership. I acknowledge that I have read the RISK WARNING contained in these conditions.

Parent/Guardian's Signature: _____ Date: _____

Payment of Membership Fee

I understand that my membership is not finalised until I pay the membership fee (\$25 for adults, \$10 for children) by cheque posted to the club PO Box, or by EFT as follows:

BSB: 645 646 Account number: 107 969 998 (quote your surname as reference)

Bank: Auswide Bank Name of Account: Bundaberg Bushwalking Club Inc