

# SPAN OUTDOORS INC – MEMBERSHIP FORM

Full membership costs \$40.00 per financial year (July to June),  
or \$20.00 for half financial year (January to June) to be paid in advance.

## **PERSONAL DETAILS**

Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Your Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

No. & Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone numbers/ Email:

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email : \_\_\_\_\_

Do you hold a current First Aid Certificate? YES NO

## **EMERGENCY CONTACT(S)**

Please provide the details of a person or next of kin whom we can contact in case of emergency .

### **Contact**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Mobile ( ) \_\_\_\_\_

## **ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS Please read the following Disclaimer in full before signing this form.**

This acknowledgement of risks applies to all club activities I may undertake as a member of *Span Outdoors Inc.* In voluntarily participating in activities of Span 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/or dehydration 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 and I am over 18 yrs ,
2. I am carrying food, water 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 carry and use my medication as necessary.
5. I will remain with the rest of the party during the activity and advise the leader if I suffer injury.
6. I will comply with all reasonable instructions of club officers and the activity leader
7. I have read and understand Span's risk management document and membership guidelines.

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.

**Please sign:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_