

# MEMBERSHIP FORM

## SHEPPARTON ADVENTURE CLUB Inc. A0002076S



Membership Fees for the 2023/24 year are due on 1<sup>st</sup> JULY 2023

Please complete this form online or email The Treasurer via email: scottb@agsystems.com.au

Or mail: Shepparton Adventure Club Inc. 11 Nillahcootie Cres, Kialla. Vic 3631

Please list name of each person and select their age group (Insurance underwriting categories)

|                   |      |     |       |       |
|-------------------|------|-----|-------|-------|
| <b>Name</b> _____ | Age: | U12 | 12-17 | 18-94 |
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**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please be aware that membership categories are now as follows:

**Each adult \$40 pp, number of adults:** \_\_\_\_\_

**Each child (<18) \$10 pp, no. of children:** \_\_\_\_\_

**TOTAL MEMBERSHIP FEE** \$ \_\_\_\_\_

Please direct deposit to  
Bendigo Bank  
BSB 633 000  
Account No. 129 076 972  
**Please add your name as the reference and post/email the signed membership renewal form back if not completed online.**

### ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF MEMBERS

This acknowledgement of risks applies to all club activities I may undertake as a member of **Shepparton Adventure Club** (the Club). In voluntarily 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.
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.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_