

*\*Please return form (both sides) within 2 weeks by emailing to: [newcastle.ramblers@gmail.com](mailto:newcastle.ramblers@gmail.com) .*

## Newcastle Ramblers Bushwalking Club Inc.

### Acknowledgement of Risks and Obligations of Members and Visitors

Activity \_\_\_\_\_ Leader \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

President	Vice President	Secretary	Treasurer	PLB Officer	Committee Member	Committee Member	Committee Member
Malcolm	Dale	Brett	Kay	Malcolm	Barry	David	Nell
0429641640	0428399083	0411752195	0412561801	0429641640	0431237976	0427783059	0413899710

*This AoR applies to all Ramblers activities and 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, To minimize these risks, I will endeavour to ensure that **this activity is within my capabilities** - I am carrying food, water, medication & equipment appropriate for the activity - I have advised the activity leader **if I am taking any medication or have any physical or other limitation** that might affect my participation in the activity. I will make every effort to remain with the rest of the party during the activity. I will advise the Leader of any concerns I am having – and I will comply with all reasonable instructions of the leader.*

***I have read, and understand the above requirements, and have considered the risks before choosing to sign this AoR. I acknowledge that I will take responsibility for my own actions and that signing this form will be deemed as full acceptance and understanding of the above conditions.***

	Name (print)	Signature	My Emergency Contact's Name	My Emergency Contact's Phone Number	First Aid Qualified	Map and Compass
1	<b>(L)</b>					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	<b>(Temp)</b>					
16						

**Additional information required for a remote area activity where mobile phone communication may not be available.**

Registration and Location of vehicles in use.....

Trip Contact Person\* ..... Contact Phone/Mobile Number .....

Advised Trip Contact Person of safe return on ..... at ..... am/pm

*\*Trip Contact Person to have details of planned activity and names of proposed participants. The Leader should email ([newcastle.ramblers@gmail.com](mailto:newcastle.ramblers@gmail.com)) the Management Committee*

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## Newcastle Ramblers Bushwalking Club Inc.

### Pre-Activity Risk Review Checklist/Incident Report Form

Activity..... Map..... Date.....

Leader..... Contact No..... Water required .....L

Participant No ..... PLB Carried..... Grade...../.....km/Altitude gained.....

#### Leaders Activity Risk Checklist

- |                   |  |                          |
|-------------------|--|--------------------------|
| Email Committee   | Notify committee ( <a href="mailto:newcastle.ramblers@ramblers.groups.io">newcastle.ramblers@ramblers.groups.io</a> ) of multi-day or remote activity where there is no mobile reception                               | <input type="checkbox"/> |
| Activity Plan     | Discuss with group.....  | <input type="checkbox"/> |
| Travel            | Convoy arrangement, Route, car shuffle, Meeting Point.....   | <input type="checkbox"/> |
| Water and Food    | Does everyone have required water & food? Advice of possible water en route  | <input type="checkbox"/> |
| Potential Risks   | Steep slopes, thick scrub, rock scrambling, loose surface, snakes, insects, rapids/currents, deep water, traffic, etc.....   | <input type="checkbox"/> |
| First Aid         | All Participants to carry own first aid kit. Check who holds first aid qualifications.....   | <input type="checkbox"/> |
| Tail end Charlie? | Appointed for larger groups.....   | <input type="checkbox"/> |
| Don't wander off  | Keep together and keep an eye on one another, at track turns ensure person behind can see you, stay put if lost.....   | <input type="checkbox"/> |
| Deputy Leader     | Appointed in the event that the Leader is unable to lead.....  | <input type="checkbox"/> |
| Limitations       | Participants must tell Leader if they have any physical or medical conditions which may affect their ability to participate or require attention during the activity..... <b>Inform leader if having difficulties.</b> | <input type="checkbox"/> |
| Other             | Fire Lighting, Hygiene, Litter, safety equipment required for activity, etc.<br>Consent for the use of activity photographs on Facebook and in Club Newsletter   | <input type="checkbox"/> |

#### Accident/Incident Report

Accident/Incident Details (who, time, location, witnesses)

.....  
.....  
.....

Actions taken and notifications.....

Leader's Signature.....Date.....

#### Acceptance of Risk – Child Participant (under 18 years of age)

I \_\_\_\_\_ am over the age of 18 years and undertake to be responsible for \_\_\_\_\_ (name of child) whose date of birth is \_\_/\_\_/\_\_. I have been authorised to be responsible for \_\_\_\_\_ (name of child) by the child's parent/guardian.

I understand that the above named may be exposed to risks as outlined by the leader and set out in the AoR overleaf.- I will ensure that the child will obey directions which are given by me and the leader of the activity, and that the activity is within the child's capabilities and that he/she is carrying food, water and equipment and wearing clothing and footwear appropriate for the activity. I do not believe that the child is taking any medication or has limitations will prevent the child from successfully completing this activity. If the child is unable to complete the activity or is having difficulties, I undertake to notify the leader and decide as necessary to shorten the activity for the child. I will make every effort to ensure that I and the child remain with the rest of the party during the activity and accept the instructions of the leader of the activity.

SIGNED: ..... (PRINT NAME) ..... (PHONE)..... DATE.....

Leader: Please complete and email to [newcastle.ramblers@gmail.com](mailto:newcastle.ramblers@gmail.com)

4 April 2026