



**NIMBIN BUSHWALKERS CLUB INC**  
**APPLICATION FOR MEMBERSHIP**  
**OF ASSOCIATION**

**Nimbin Bushwalkers Club Inc. (Incorporated under the Associations  
Incorporations Act 1984)**

I, \_\_\_\_\_  
(full name of applicant)

of \_\_\_\_\_

\_\_\_\_\_  
(full address)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

hereby apply to become a member of the abovementioned incorporated  
association. In the event of my admission as a member, I agree to be bound by  
the rules of the association for the time being in force.

\_\_\_\_\_  
(signature of applicant) \_\_\_\_\_  
(date)

I \_\_\_\_\_  
a member for the Association, second the nomination of the applicant, who is  
personally known to me, for membership of the Association.

\_\_\_\_\_  
(signature of seconder) \_\_\_\_\_  
(date)

**Membership payment to be made into Nimbin Bushwalkers Account:  
BSB: 728 728 Account Number: 22218669  
with your surname in the "payment from" field**

## Nimbin Bushwalkers Club Inc Risk Waiver Form

In voluntarily participating in any activity of **Nimbin Bushwalkers Club Inc**, I am aware that this may expose me to risk that could lead to injury, illness or death or to loss of or damage to my property.

Those risks may include but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion.

To minimise these risks I will endeavour to ensure:

That any activity in which I participate is within my capabilities and that I am carrying food, water and equipment appropriate for the activity. I agree to advise the activity leader if I am taking any medication or have any physical or other limitations that might affect my participation in the activity.

I will make every effort to remain with the rest of the party during the activity and accept the instructions of the leader of the activity.

I have read or heard and understand these requirements; I have considered the risks before choosing to sign this form. I still wish to participate in the activities of **Nimbin Bushwalkers Club Inc**, I agree by signing this form to waive any claim for damages arising from this activity that I may have against the club, the leader or other participants in tort or contract.

**Do you consent to your photo being used on our Facebook page and web page:**

YES/NO

In case of an emergency and we need to inform your friends/family, please supply the Name and Phone number of two contacts:

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

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

Signed: .....

.....

(PRINT NAME)

.....

(DATE)