



BASS COAST STROLLERS INC.

A0045851Y

www.basscoaststrollers.org

A Member of Bushwalking Victoria

Membership Application & Acknowledgement of Risk 1 July 2026 to 30 June 2027

ANNUAL SUBSCRIPTION: \$40.00 FULL MEMBER /AFFILIATE MEMBER \$15

Pay by cash to Treasurer OR Direct Funds Transfer to 'Bass Coast Strollers' BSB 633-108 Account No. 122510795. Please reference your surname

NAME:

RESIDENTIAL ADDRESS:.....

EMAIL: PHONE:.....

Next of Kin/Nominated person contact in an emergency :

NAME.....PHONE.....

AGE GROUP: Below 54. 55-69 70-84 85 and over

Membership of BCS provides insurance coverage through Bushwalking Victoria.

<https://bushwalkingvictoria.org.au/national-insurance-scheme-for-bushwalking-clubs/>

Acknowledgement of Risks and Obligations of Members

I understand that by voluntarily participating in activities of Bass Coast Strollers Inc. I may be exposed to risks that could lead to injury, illness, death or loss of or damage to my property. These risks include but are not limited to: snake or insect bite; traversing rough ground, loose stones or rocks, scrub, fallen logs or other obstacles, slippery surfaces and creek crossings; encountering weather conditions that could lead to hypothermia; and being in locations where evacuation for medical treatment may take hours or days.

To minimise these risks I will endeavour to ensure that:

- Activities in which I participate are within my capabilities.
- I will carry food, water and equipment appropriate for the activity.
- I will advise the activity leader if I am taking any medication or have any physical or other limitation that might adversely 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 during the activity.
- I will comply with all reasonable instructions of club officers and the activity leader.
- Bass Coast Strollers club strongly recommends Ambulance Victoria membership

I have read and understand the above requirements and have considered the risks before signing this acknowledgement of risk. I still wish to participate in club activities and I will take responsibility for my own actions and bear all personal medical and evacuation costs. I also acknowledge that signing this form will be deemed as full acceptance and understanding of the above conditions.

I agree to receive communication related to Bass Coast Strollers Inc via email and/or text where pertinent to planned walks or activities unless you state otherwise. I am aware the website is the primary source of information.

NAME: _____

SIGNATURE: _____

DATE: ____/____/____

Date subscription received: _____

NB: A FULLY COMPLETED CURRENT 'MEDICAL INFORMATION AND EMERGENCY CONTACT FORM' IS TO BE CARRIED IN YOUR PACK DURING ACTIVITIES.

Private information is kept confidential by an authorised person of Bass Coast Strollers Inc