Attendance Sheet, page \_\_\_ of \_\_\_\_

In participating in the activities of APS NSW, I am aware that I am risking injury, illness and death. To minimise the risk, I understand the risks and that the activity is within my capabilities. I carry appropriate food, water, medication and have the appropriate clothing and equipment. I will notify the leader of any limitation or concerns I have and will listen to the leader’s advice and instructions. By signing this form, I waive any claim for damages arising from this activity against APS NSW, the district group, the leader or any other participants.

Event: ……………………………………………... Date: ………………………….… Leader (print) …………………………

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Time signed on | Print your name | Your signature | Member or  Visitor  (M or V) | Car  Rego | Name and phone no of Emergency Contact | Sign off & Time |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |

Number going on walk: …………………… Number returned from walk: …………………