



CROSS COUNTRY SKIING INDEMNITY & RISK WARNING

DATE:	LEADER:	GRADE:
ACTIVITY:		

ACTIVITY INDEMNITY & RISK WARNING

In voluntarily participating in the activity referred to on this Risk Waiver form and described to me by the Activity Leader I am aware that my participation in this Activity 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 hypothermia, equipment failure and failure to use equipment correctly, exposure to cold and/or bad weather including wind and rain and possibly blizzards, . slippery and/or uneven surfaces, being hit by rocks or snow from above, falling at edges of cliffs or drops, dehydration, sunburn, muscle strains, equipment failure, group being delayed and/or disorientated, carrying a pack weighing up to 20kg for the duration of the activity.
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- (Leader to insert any known additional risks)
- An activity may have to be terminated because of bad weather and the recommendations of the leader must be followed in that regard.

To minimise these risks I have endeavoured to ensure that:

- This activity is within my capabilities and I am carrying food, water and equipment and wearing clothing and footwear appropriate for this activity. Suitable clothing includes thermal clothing, Gore-Tex jacket, woollen clothing
- I understand that water in the creeks in the snowfield and melted snow is likely to be polluted and if I intend to drink such water, I will purify it
- 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 this activity
- I do not believe that my medication or limitations will prevent me from successfully completing this 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 will note any risk warnings given prior or during the trip
- I will advise the leader of any illness/injury/misadventure which may/will affect my ability to participate during the trip which requires medical attention

WAIVER

I have read or heard and understand these requirements. I have considered the risks before choosing to sign this Risk Waiver form. I still wish to join the activity. 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. In the event of my death, this waiver will bind my estate.

PARTICIPANT'S NAME	Member or Temporary Member	SIGNATURE	EMERGENCY PHONE #	Fees (if applicable)

Any incidents to report? Yes or No – if yes, write details on reverse of this sheet.