



Glen Waverley Anglican Church Walking Club
2009 Twelve Month Membership Application
MEMBERSHIP YEAR 1ST JANUARY – 31st DECEMBER 2009
 (Each family member should fill out their own form)



I will conduct myself, and endeavor to ensure others in my company conduct themselves, in a proper and reasonable manner and in accordance with GWAC Walking Club's Codes of Behavior. I agree to be bound by GWAC Walking Club's rules and the conditions of entry into each walk and to co-operate with GWAC Walking Club's Officers, Member Protection Policy and Walk Leader.

I declare that I am medically and physically fit and able to participate in any GWAC Walking Club activity that I choose to attend. I acknowledge that walking can be hazardous and that I and / or my child participate at my own risk and expense. If the Walking Club should be aware of any medical condition, I will advise the Walk's Medical Officer (or Walk Leader if no Medical Officer is present) and fill out the Emergency Use Information to the extent that I deem necessary. I authorize the Walking Club to take reasonable steps to provide for our safety, including ambulance attendance if deemed necessary. Club officers are volunteers and I acknowledge that they are usually not trained professionals in medicine, exercise or photography. I will consider volunteering for office myself, especially as a Walk Leader.

I understand that GWAC will take reasonable steps to provide a safe environment and to ensure that all equipment supplied by GWAC for the activity is of a reasonable standard. I hereby indemnify GWAC against any loss or damage to property, equipment or personal effects belonging to me, my child, or any other person directly or indirectly out of or in connection with a walk.

I consent to photographs and video footage being taken in appropriate settings during the walk and am willing for these photographs and / or video clips to be used for promotional and other purposes without my further consent. I acknowledge that GWAC Walking Club cannot be responsible for any use of any image(s) that GWAC Walking Club does not expressly authorize.

PRIVACY STATEMENT:

Your privacy is respected by us. The information you provide on this form will be used to provide services for you and for the purposes of registration, participation and insurance. It will be passed onto your Walk Leader (name and mobile phone number only to enable your discovery if you are not visible to the Walk Leader), GWAC and to its insurer if a claim is a possibility.

GIVEN NAME: _____ SURNAME: _____

ADDRESS: _____

STATE: _____ POST CODE _____

PHONE: (H) _____ (M) _____ GWAC MEMBER: Y / N

EMAIL ADDRESS: _____ DOB ____/____/____ GENDER: M / F

Single Walk <input type="checkbox"/> One off walk	Digital <input type="checkbox"/> \$5.00 Email and SMS contact	Postal <input type="checkbox"/> \$11.00 Posted and / or hardcopy
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Signed: _____ Date: ____/____/____

Parent (If under 18 years of age): _____

Club Secretary / Walk Leader: _____