



REDLAND BUSHWALKERS INC.

Activity Nomination Form

Activity Nomination Form Ver. 3 01-05-09

Activity	Type of activity	Date	
		Time	
Location		No. Limits	
Leader		Phone No.	
Contact Officer		Phone No.	

Note

- I have read the details of the activity on the information sheet and understand that the details listed are the minimum conditions and requirements for the activity and that the circumstances of the activity could change on the day of the activity.
- It is the responsibility of all walkers to:
 - Contact the leader if not sure of the details of the activity
 - Advise the leader of any medical condition that might have bearing on the activities
 - Inform the activity leader ASAP if cancelling
- As an intended participant in this Redland Bushwalkers Inc. activity, I hereby acknowledge that this activity carries with it the risk of injury, loss or damage to person or property. I acknowledge that I am undertaking this activity at my own risk and that there may not be any person with First Aid or medical experience on this activity.

No	Name	Suburb	Phone Number	Emergency Phone Number	Transport	
					Y / N	Extra
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

On completion of activity all completed forms to be returned to

- Outings Officer
 Database Officer
 Secretary

No	Name	Suburb	Phone Number	Emergency	Transport	
				Phone Number	Y / N	Extra
13						
14						
15						
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24						
25						