



# Hobart Walking Club Inc.

## Visitor Risk Waiver

### All Visitors must sign the following Waiver

I acknowledge and agree that in participating in this activity of the Hobart Walking Club (the Club) that the nature of the activity is such that it would be unreasonable for the Club to be in any way responsible for any injury to or death to me or to damage to my property and I hereby, to the full extent permitted by law, waive all of my legal rights of action against and fully release the Club for loss, damage, injury or death and loss or damage to property howsoever arising out of or in relation to my participation in the activity conducted and organised by the Club including without limitation, liability for any negligent or tortious Act or omission, breach of duty, breach of contract or breach of statutory duty on the part of the Club, its office bearers or agents.

I also acknowledge and agree that I undertake this activity organised by the Club freely, voluntarily and absolutely at my own risk with the full appreciation of the nature and extent of the risks involved in the activity. In particular I acknowledge and agree that: it is my responsibility as an activity participant to minimise these risks to myself and other participants by being suitably equipped and advising the coordinator of any physical/medical issues that may affect my participation in the activity; and that coordinators are untrained volunteers who organise activities on the basis of my being self-reliant.

This waiver will bind me and my executors and assigns. I have read and understood this waiver of my legal rights.

Visitor Name	Email or Phone Number	Visitor Signature	Date

### Visitor Under 18 Years of Age - the usual Parent/Guardian must sign below.

I am the parent/guardian of ..... (name of child) whose date of birth is: ...../...../.....

I have read the above Waiver and consent to the above-named child participating in the activities of the Hobart Walking Club Inc. I acknowledge and agree to ensure trips are within their capability, they are appropriately prepared and will obey the Coordinator's directions. I will advise the Coordinator if the child is taking any medication or has any physical or other limitations that may affect their participation in the activity.

Signed: ..... Print Name: ..... (Parent/Guardian)

Address: .....

Phone: ..... Date: ...../...../.....