

CORPORATE WILDWALKS



Risk Waiver

Date of Wild Walk _____

Applicant waiver, acknowledgement and voluntary assumption of risk concerning dangerous recreational activities

IMPORTANT – PLEASE NOTE:

The services and activities offered by WWoT to participants by way of and incidental or preparatory or subsequent to Adventure Fitness Training involve walking, climbing, trekking in the natural environment on uneven bush tracks, paths, cliffs and rock formations and stairs, and/or along beaches and headlands, carrying a backpack, in day and night and all weather conditions, except in electrical storms. They constitute a “dangerous recreational activity” both as defined in the Civil Liability Act 2002, section 5K and in the ordinary meaning of the term.

As with any such activity, there are hazards and risks obviously and subtly associated with it and/or inherent in the activity undertaken.

WWoT recommend that you, the Applicant, have Ambulance cover in case of emergency in trek training, weekend trips or any other activity that you participate in with WWoT.

The purpose of this membership form is to inform you of potential hazards and risks involved with Adventure Fitness Training and of the conduct required of you, the Applicant, during the adventure or training and to obtain your acknowledgement of acceptance of any risks.

Your signature on this form is required in order for you to participate in any activity as a Member of WWoT.

You, the Applicant, are required, as a condition of participation in WWoT’s activities, to acknowledge that you are aware of the specific risks and hazards listed and the generally hazardous nature of the activities and that you have voluntarily agreed to assume personal responsibility for any injury, disablement, death or loss of any kind which may arise from participation or be reasonably incidental preparatory or subsequent to such participation.

Name of Applicant & Company Name	
Date:	
Emergency Contact Name & No.	

(Note: You must initial ALL boxes below in the right hand column and sign below in order to participate in WWoT programs.)

Acknowledgments	Insert your initials in EVERY box
That the activity involves certain inherent risks of injury as a result of walking on uneven, steep or rocky surfaces, and by torch light in the open natural environment and under prevailing weather conditions.	
In addition the activities may be subject to risks associated with the equipment used and/or travelling to the sites or locations used.	

Acknowledgments	Insert your initials in EVERY box
That the injuries may require treatment at a medical facility or hospital and/or death or permanent disablement.	
That the activities may be conducted at a site that is remote either by time and/or distance from a medical facility or hospital.	
That the activities may be physically demanding in some susceptible individuals and may involve exposure to the natural elements and extreme weather and other circumstances over which the company has no control.	
I further state that I am of lawful age and legally competent to sign this acknowledgement or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual, serious not a mere recital and form the basis of the Agreement by which I participate; and that I have signed this document of my own free act.	
I further acknowledge that having been advised of the associated risks, I wish to undertake the adventure fitness training with the company and hereby release and hold harmless the company and its servants agents and employees from any suit, demand or claim arising as a consequence of death, disablement, injury or loss of any kind suffered during, or arising by any means as a result of my participation in the said adventure fitness training.	
I further acknowledge that I have been advised by the principals, servants and/or agents of Wild Women on Top, of the risks associated with the activities and to the extent permitted by law, I have voluntarily assumed those risks and hereby release and hold harmless Wild Women on Top and its principals, servants and/or agents from any suit, demand or claim arising as a consequence of death disablement injury or loss suffered during or arising by any means as a result of my participation in the said adventure fitness training activities.	
I understand that nothing in this contract limits or excludes provisions made in the Trade Practices Act (Cwlth) 1974 or other applicable legislation and that despite my signing of this contract I will still have the benefit of consumer protection and certain rights implied under the said Act which cannot be waived.	
I acknowledge this Agreement is governed by the Laws of NSW including the Civil Liability Act 2002 as amended.	
I further acknowledge that this document may be relied upon in any proceedings instituted in any Court by me or my heirs, executors and assigns.	
I have read and understood the Getting Started Document which outlines personal safety precautions for Trek Training, including boots for night walking.	

Name of Applicant	
Signature of Applicant	
Date	

If Applicant is under 18 years of age	
Signature of Parent / Guardian	
Date	