



Tour Intention Form

Section 2: Acknowledgement of Risks and Obligations

ABN 55 670 450 108

PO Box 6234 O'Connor ACT 2602

<http://www.cccsc.au>

Each member of the party must be physically capable of completing this activity, and have any special skills and/or training required. Consider all known and variable factors in relation to this activity and plan accordingly. Consult Bureau of Meteorology, NPWS and Rural Fire Services websites for up to date details.

In voluntarily participating in this activity of the Canberra Cross Country Ski Club, noting the route and grading (terrain, distance and skill level) overleaf, I am aware that I may be exposed to risks that could lead to injury or death, or to loss or damage to my property. To minimise these risks, I have endeavoured to ensure that this activity is within my capabilities and that I am carrying food, water and equipment appropriate for the activity. I will make every effort to remain with the rest of the party and accept the instructions of the leader of the activity.

I have advised the activity leader if am taking any medication or have any physical or other limitation that might affect my participation in the activity. If indicated below I am carrying a completed Medical Information Form (CCCSC or other) in my pack for emergency use.

I have read and understand these requirements. I agree by signing this form to waive any claim for damages arising from this activity that I may have against Canberra Cross Country Ski Club, the leader or other participants in tort or contract.

Participant details

	Participant Name	Mobile Phone	Suburb	Driver or Passenger	Medical Form	Emergency Contact Name	Emergency Mobile Phone	Participant Signature
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9								
10								
11								
12								

Any Medical Conditions advised to Leader? Y / N? Provide details below

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