



*Spread Your Wings!*

**U3A Central Coast (NSW) Inc**

**www.centralcoast.u3anet.org.au**

PO Box 1239 Gosford NSW 2250

**U3A CC Activity..... Risk management Form**

- I acknowledge that I am voluntarily participating in a U3A Central Coast Inc. activity where I accept responsibility for what I do as part of this activity.
- I am aware that this could expose me to risk that could lead to injury, illness and possible loss of property or income if remedial services are required.
- I will listen to all instructions and precautions given by the activity leader and will participate within my capabilities having checked the degree of difficulty of the activity prior to participation.
- I will advise the leader of any physical or other limitations that might affect my participation in the activity.
- I will make every effort to follow the Leader's instructions and inform the Leader if I intend to leave the group at any time.
- I will carry adequate food and water for the day's activity and ensure that my equipment, including clothing and footwear, is appropriate for that activity
- I have read and understood these requirements. I have considered the risks before choosing to sign this form.
- I still wish to participate within these conditions.
- I accept that in signing this form I am waiving my rights to sue the leader, U3A Central Coast and other participants.

No	Name ( Please Print )	Signature	Membership Number	Emergency Contact
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**Name of Leader ..... U3A Member Number .....**