ACTION OUTDOORS ASSOCIATION - TRIP FORM

Trip:		In Magazine Issue:		Page:
Leader:	Date:	Fee: $	[NonMember $	]

Please complete all sections of this form and return with money to the Treasurer ASAP

Each participant must read this waiver, provide an emergency contact number and sign this form:

"I, the undersigned, am aware that the activity I am participating in is organised for recreation purposes only, is NOT being controlled by a professional, insured leader, and that I am willing and capable of taking full responsibility for my own wellbeing and safety. I am also aware that AOA activities are designed for responsible adults only, and that signing this form is a condition of being a participant on this activity"

Please Note: Non members will <u>not</u> be covered by AOA's public liability insurance.

Participant Name (Inc Surname)	Member Y/N	Phone number	Transport? or lift with	$ PAID	Emergency contact Person	Emergency contact number	Participant signature

Total Fees:	Less Phone _____	Postage _____	Total Trip _____	Net Revenue _____
Collected: $	Other Costs (specify)_____		Costs: $	to Club: $