Australian Native Plants Society Canberra

**DAGs & GDSG Attendance Register**

Location .................................................................... Date ……………………………...................…………

Hosts .................................................................... Time ……......................................................

**Attendance Register Terms and Conditions**

Please read the information below and sign that you agree to these caveats, so we have a record for liability & insurance cover.

* I am participating in this Daily Activity Group (DAGs) and Garden Design Study Group (GDSG) as a volunteer in all respects and I am aware that participation may expose me to risks that could lead to injury, illness or death or to loss of or damage to my property.
* I will notify the leader if I become ill or have an accident or suffer injury.

**COVID-19**

* I agree to abide by ANPSC Guidelines regarding COVID 19 restrictions to reduce the likelihood of the spread of infection.
* I have adequate personal first aid and hand cleaning supplies.
* I understand I am not covered by ANPSC insurance for COVID-19 and agree that I will take personal responsibility for my safety in respect of COVID-19.

**Note: Visitors (ie non-ANPSC members) are not covered by ANPS insurance and participate at their own risk.**

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|  | **Member’s Name Visitors: please add address** | **Phone number** | **Email** | **Car Rego** | **Reply email sent** | **Signature** | **Emergency contact phone no.** |
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DAGs Coordinators)

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