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|  | **Australian Native Plants Society Canberra**  **Field Trips Attendance Register** |

Location Date/ Start time………………………………………………

Meeting point Leader

**Attendance Register Terms and Conditions**

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

* I am participating in this Field Trip 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.
* To minimise these risks, I have endeavoured to ensure that this Field Trip is within my capabilities and that I am appropriately equipped including suitable clothing and footwear for protection against the vegetation, sunburn and snake or insect bites and am carrying adequate water and food for each day’s walk.
* When on a walk, I will endeavour to always keep the party in view and to notify the leader if I need to leave early or another participant if I require a moment’s privacy.
* I will notify the leader if the pace is too fast or I become ill or have an accident or suffer injury.
* I agree that the leader is responsible for the route of the Field Trip and his/her directions should be followed at all times.

**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 ANPSC insurance and participate at their own risk.**

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|  | **Member’s Name Visitors: please add address & email** | **Phone number** | **Car Rego** | **Signature** | **Emergency contact phone no.** |
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**Signoff by Field Trip Leader**

All returned and OK ………………………………………………………………………………………………………………………………………………Version: 2021-3-09