Australian Native Plants Society Canberra

**Propagation Group Attendance Register**

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

 Site Coordinator ………………………………..

**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 and insurance cover.

* I am participating in this propagation session as a volunteer in all respects.
* 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 propagation session is within my capabilities and that I am appropriately equipped with suitable clothing and footwear for protection against sunburn, cold, rain and soil.
* I am aware of the possibility of allergies to soil, hormones and plants.
* I have adequate water and food for the day.
* I will work safely, sit or stand comfortably and take care when lifting soil and racks of plants.
* I will notify the host if I become ill or have an accident or suffer injury.

**COVID-19**

* I agree to abide by ANPSC Guidelines regarding COVID-19 regulations 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 NameVisitors: please add address & email** | **Phone number** | **Car Rego** | **Signature** | **Emergency contactphone no.** |
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**Signoff by Host**

All OK ……………………………………… Time Finished……………… Version: 2021-03-09