



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.

	Member's Name Visitors: please add address & email	Phone number	Car Rego	Signature	Emergency contact phone no.
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Signoff by Host

All OK

Time Finished.....

Version: 2021-03-09